07/19/2007 16:08

Image# 27930974300

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

FORM 3X	For Oth	er Than An	Authorize	d Committ	ee		Office Us	se Only	
NAME OF COMMITTEE (in full)		MAILING LAE OR PRINT	-/-	ample:If typing er the lines	g, type		• • • • •		
American Hospital Associat	ion PAC				1 1 1		1 1 1 1		
ADDRESS (number and street)	Suite 7	eventh Street, N	w 						
Check if different than previously reported. (ACC)	Washir	ngton				DC	2	0004	
2. FEC IDENTIFICATION NU	MBER 1	, _	CITY 🛕			STATE		ZIPCODE	<b>A</b>
C00106146		;	3. IS THIS REPORT		NEW (N) <b>OR</b>		AMENDED (A)		
4. TYPE OF REPORT (Choose One)  (a) Quarterly Reports:	R	eport ue On:	Feb 20 (M2)		May 20 (M5) Jun 20 (M6)		Aug 20 (M8) Sep 20 (M9)		Nov 20 (M11) (Non-Election Year Only) Dec 20 (M12) (Non-Election Year Only)
April 15 Quarterly Report(s) July 15 Quarterly Report(s) October 15 Quarterly Report(s) January 31 Quarterly Report(s)	Q2) (c)	PRE-Election Report for the		Primary (12F	-	=	Oct 20 (M10) eral (12G) cial (12G)	H	Jan 31 (YE) Runoff (12R)
July 31 Mid-Year Report(Non-electi Year Only) (MY)  Termination Repo (TER)		Post -Elect Report for the		General (300	G)	Run	off (30R)	in the State of	Special (30S)
5. Covering Period 0	6 0	1 200	7	through	0 6	30	2007		
I certify that I have examined this Type or Print Name of Treasurer		to the best of n	ny knowledge	and belief it is	true, correct	and comp	lete.		
Signature of Treasurer Electr	onically Filed	d by Ms. Meli	nda Hatton			Date	07 19	9 2	2007
NOTE : Submission of false, erro	oneous, or in	complete inform	mation may su	bject the pers	on signing th	is Report t	o the penalties	of 2 U.S.	C 437g.
Office Use							FEC	FORM	

### Image# 27930974301

### **SUMMARY PAGE** OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003) Page 2 Write or Type Committee Name American Hospital Association PAC D D <sup>®</sup> D 0 6 0 1 2007 0.6 3 0 2007 Report Covering the Period: From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand <sup>°</sup>2007 1038787.58 January 1 (b) Cash on Hand at 886851.06 Begining of Reporting Period ..... 120007.24 468931.16 (c) Total Receipts (from Line 19) ..... (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 1006858.30 1507718.74 6(a) and 6(c) for Column B) ..... 205835.12 706695.56 7. Total Disbursements (from Line 31) ...... Cash on Hand at Close of Reporting Period 801023.18 801023.18 (subtract Line 7 from Line 6(d)) ..... 9. Debts and Obligations owed the committee (Itemize all on Schedule C and/or Schedule D) ..... 0.00 10. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) ..... This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission 999 E street, NW Washington, DC 20463

> Toll Free 800-424-9530 Local 202-694-1100

## DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 02/2003) Page 3

Write or Type Committee Name
American Hospital Association PAC

Report Covering the Period:

м м 0 6

From:

01

<sup>Y</sup> 2 0 0 7

no: 0 6

D

<sup>D</sup> 3 0

<sup>Y</sup> 2007

	I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11.	Contributions (other than loans) From: (a) Individuals/Persons Other		
	Than Political Committees (i) Itemized (use Schedule A)	36596.86	150658.90
	(ii) Unitemized	33079.51	86064.94
	(iii) TOTAL (add Lines 11(a)(i) and (ii)	69676.37	236723.84
	(b) Political Party Committees	0.00	0.00
	(c) Other Political Committees (such as PACs)	0.00	6250.00
	11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	69676.37	242973.84
2.	Transfers From Affiliated/Other Party Committees	50000.00	223900.00
3.	All Loans Received	0.00	0.00
	Loan Repayments Received Offsets To Operating Expenditures	0.00	0.00
16	(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) Refunds of Contributions Made	0.00	0.00
Ο.	to Federal candidates and Other Political Committees	0.00	0.00
7.	Other Federal Receipts (Dividends, Interest, etc.)	330.87	2057.32
8.	Transfers from Non-Federal and Levin Funds		
	(a) Non-Federal Account (from Schedule H3)	0.00	0.00
	(b) Levin Funds (from Schedule H5)	0.00	0.00
	(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19.	Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	120007.24	468931.16
20.	Total Federal Receipts (subtract Line 18(c) from Line 19)	120007.24	468931.16

### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

	II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
1.	Operating Expenditures:	1000 1000	Guierrau Four to Bute
	(a) Shared Federal/Non-Federal Activity (from Schedule H4) (i) Federal Share	0.00	0.00
	(i) 1 odorał oriało		
	(ii) Non-Federal Share	0.00	0.00
	(b) Other Federal Operating  Expenditures	285.12	3592.46
	(c) Total Operating Expenditures		
	(add 21(a)(i), (a)(ii) and (b))	285.12	3592.46
	Transfers to Affiliated/Other Party	0.00	0.00
	Contributions to	0.00	0.00
	Federal Candidates/Committeesand Other Political Committees	205550.00	702350.00
	Independent Expenditure		
	(use Schedule E) Coordinated Expenditures Made by Party	0.00	0.00
	Committees (2 U.S.C. 441a(d))	0.00	0.00
	(use Schedule F)		
	Loan Repayments Made	0.00	0.00
		0.00	0.00
	Loans MadeRefunds of Contributions To:	0.00	0.00
	(a) Individuals/Persons Other Than Political Committees	0.00	750.00
	man ontea committees	0.00	
	(b) Political Party Committees	0.00	0.00
	(c) Other Political Committees (such as PACs)	0.00	0.00
	(d) Total Contribution Refunds		
	(add Lines 28(a), (b), and (c))	0.00	750.00
).	Other Disbursements	0.00	3.10
)	Federal Election Activity (2 U.S.C 431(20))		
•	(a) Shared Federal Election Activity		
	(from Schedule H6)	0.00	0.00
	(i) Federal Share	0.00	0.00
	(ii) "Levin" Share	0.00	0.00
	(b) Federal Election Activity Paid Entirely	0.00	0.00
	With Federal Funds	0.00	0.00
	(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
	Total Disbursements (add Lines 21(c), 22,		
	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	205835.12	706695.56
	Total Fadaval Diahuwaaraaria		
	Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii)		
	from Line 31)	205835.12	706695.56

## **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	69676.37	242973.84
34. Total Contribution Refunds (from Line 28(d))	0.00	750.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	69676.37	242223.84
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	285.12	3592.46
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	285.12	3592.46

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 6 / 92
ITEMIZED RECEIPTS			or each category of the	(check only one)
••	EMIZED RECEIL TO		Detailed Summary Page	X 11a 11b 11c 12
Δ,	ny information copied from such Reports and St	otomonto mo	rnot he cold or used by any para	13 14 15 16 17
or	for commercial purposes, other than using the	name and add	dress of any political committee to	osolicit contributions from such committee.
$\setminus$	NAME OF COMMITTEE (In Full)			
	American Hospital Association PAC			
Α.	Full Name (Last, First, Middle Initial) Mr. Edward Andersen			Date of Receipt
	Mailing Address 100 East LeFevre Road	d 		06 04 2007
	City	State	Zip Code	Transaction ID: 14233056
	Sterling	<u>IL</u>	61081-1279	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer CGH Medical Center	Occupation President	n t and Chief Executive Office	r
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		250.00	1
	Other (specify) ▼	0 0		1
В.	Full Name (Last, First, Middle Initial) Mr. Brad Billings			Date of Receipt
	Mailing Address 722 Eagle Trace			06 04 YYYYY 2007
	City	State	Zip Code	Transaction ID: 14233057
	Quincy	IL	62305-6201	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	C		500.00
	Name of Employer	Occupation	 1	
	Blessing Hospital	Administr		
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		500.00	1
	Other (specify) ▼	0 0	000.00	
C.	Full Name (Last, First, Middle Initial) Mr. Darrell Blaylock			Date of Receipt
-	Mailing Address 5301 South Congress A	Avenue		M M / D D / Y Y Y Y
	011	01-1-	7'- 0-1-	06 04 2007
	City Atlantis	State FL	Zip Code 33462-1197	Transaction ID: 14233058
		16	33402-1197	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer J. F. K. Medical Center		erating Officer	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		250.00	
	Other (Specify) \	0 0	0 0 0 0 0 0 0	'
s	UBTOTAL of Receipts This Page (optional)			1000.00
			<u> </u>	
T	OTAL This Period (last page this line number of	only)		

SCHEDULE A (FEC Form 3X)  Use separate schedule(s)				AGE 7/92	
ITEMIZED RECEIPTS			or each category of the	(check only one)	
•••	LIMIZED RECEIF 13		Detailed Summary Page	X 11a 11b 11c	$\rightarrow$
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Ar	ly information copied from such Reports and St for commercial purposes, other than using the	atements may name and add	/ not be sold or used by any persol dress of any political committee to:	n for the purpose of soliciting c solicit contributions from such	ontributions committee.
	NAME OF COMMITTEE (In Full)		, , , , , , , , , , , , , , , , , , , ,		
$  \rangle$	American Hospital Association PAC				
	7 in ordan mospital mossibility is				
_	Full Name (Last, First, Middle Initial)				
A.	Mr Edgar J Curtis, , R.N.			Date of Receipt	
	Mailing Address 701 North First Street			0 6 0 4	2007
	City	State	Zip Code		
	Springfield	IL	62781-0001	Transaction ID: 142330	
		IL.	02781-0001	Amount of Each Receipt	triis Period
	FEC ID number of contributing federal political committee.	C			500.00
	Name of Employer Memorial Health System	Occupation			
			e Vice President and Chief O	o <b>e</b>	
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General Other (specify) ▼		500.00		
	Other (specify)	1			
_	Full Name (Last, First, Middle Initial)				
В.				Date of Receipt	
	Mailing Address Post Office Box 569			M M / D D /	YIYIY
				06 04	2007
	City	State	Zip Code	Transaction ID: 142330	066
	Lincoln	<u>IL</u>	62656-0569	Amount of Each Receipt	this Period
	FEC ID number of contributing	С			250.00
	federal political committee.				
	Name of Employer Abraham Lincoln Memorial	Occupation	n	1	
	Abraham Lincoln Memorial  Hospital	Presiden	t and Chief Executive Officer		
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General		250.00		
	Other (specify)		230.00		
	Full Name (Last First Mills Last N				
C.	Full Name (Last, First, Middle Initial) Mr Robert W Kay			Date of Receipt	
٠.	Mailing Address 701 North First Street			┪	YYYY
	701 1401111 1101 011001			06 04	2007
	City	State	Zip Code	Transaction ID: 142330	069
	Springfield	<u> </u>	62781-0001	Amount of Each Receipt	this Period
	FEC ID number of contributing	C			250.00
	federal political committee.				250.00
	Name of Employer_	Occupation	n	-	
	Memorial Medical Center		ce President and Chief Finar	nd	
	Receipt For:	Aggregate	e Year-to-Date 🔻		
	Primary General		050.00		
	Other (specify) ▼		250.00		
_					
					1000.00
S	UBTOTAL of Receipts This Page (optional)		······		1000.00
T	OTAL This Period (last page this line number of	only)	<b>&gt;</b>		

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER:	PAGE 8/92
ITEMIZED RECEIPTS			or each category of the	(check only one)	
II LIVIIZED RECEIP 13			Detailed Summary Page	X 11a 11b	11c 12
				13 14	15 16 17
An	y information copied from such Reports and St for commercial purposes, other than using the	atements may	not be sold or used by any perso	n for the purpose of solici	ting contributions
or		name and add	dress of any political committee to	SOlicit contributions from	such committee.
	NAME OF COMMITTEE (In Full)				
	American Hospital Association PAC				
	Full Name (Last, First, Middle Initial)				
A.	Dr. James Leonard, , M.D.			Date of Receipt	
	Mailing Address 611 West Park Street			M M / D D	
				06 04	2007
	City	State	Zip Code	Transaction ID: 14	1233072
	<u>Urbana</u>	<u>IL</u>	61801-2500	Amount of Each Re	eceipt this Period
	FEC ID number of contributing				250.00
	federal political committee.	C			230.00
	Name of Employer Carle Foundation Hospital	Occupation	 1		
	Carle Foundation Hospital		t and Chief Executive Officer		
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General		050.00		
	Other (specify)		250.00		
_	Full Name (Last, First, Middle Initial)				
В.	Ms. Barbara J Martin, , R.N.			Date of Receipt	
	Mailing Address 2615 Washington Street	et		06 04	2007
	City	State	Zip Code		
		IL	•	Transaction ID: 14	
	Waukegan	IL.	60085-4980	Amount of Each Re	celpt this Period
	FEC ID number of contributing federal political committee.	C			250.00
	rederal political committee.				
	Name of Employer Vista Medical Center West	Occupation	า		
	VISTA Medical Center West	President	t and Chief Executive Officer		
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General		050.00		
	Other (specify)		250.00		
C.	Full Name (Last, First, Middle Initial) Mr. Patrick O'Connor			Date of Receipt	
•	Mailing Address 660 North Westmorela	nd		M M / D D	/ <b>Y</b>
		i d		06 04	2007
	City	State	Zip Code	Transaction ID: 14	1233078
	Lake Forest	IL	60045-1659	Amount of Each Re	eceipt this Period
	FEC ID number of contributing				250.00
	federal political committee.	C			250.00
	Name of Employer	Occupation	2		
	Lake Forest Hospital		ecutive Officer		
	Receipt For:		Year-to-Date ▼		
	Primary General	Aggregate	real to Bate 🔻		
	Other (specify)		250.00		
		-	0 0 0 0 0 0 0		
s	UBTOTAL of Receipts This Page (optional)		<b>.</b>		750.00
	1				• • • • • • • • • • • • • • • • • • • •
T	OTAL This Period (last page this line number of	only)	<b>&gt;</b>		

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 9/92	2	
ITEMIZED RECEIPTS			or each category of the	(check only one)	
11	EIVIIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12	
				13 14 15 16	17
An	y information copied from such Reports and Sta for commercial purposes, other than using the r	atements may	not be sold or used by any person	for the purpose of soliciting contribution	S
Oi		lame and add	dress of any political committee to s	olicit contributions from such committee.	•
	NAME OF COMMITTEE (In Full)				
1/	American Hospital Association PAC				
<u>/</u>	Full Name (Last, First, Middle Initial)			T	
Α.	Ms. Kathleen C Yosko			Date of Receipt	
	Mailing Address P O Box 795			M M / D D / Y Y Y	Y
				06 04 200	7
	City	State	Zip Code	Transaction ID: 14233080	
	Wheaton	IL	60189-0795	Amount of Each Receipt this Period	
	FEC ID number of contributing			050	20
	federal political committee.	C		250.0	JU
	N (5 )	10		-	
	Name of Employer Marianjoy Rehabilitation	Occupation	n t and Chief Executive Officer		
	Hospital Page 1975	1		-	
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼		
	Other (specify)	' '	250.00		
	Cirici (specify) 🔻		0 0 0 0 0 0 0		
_	Full Name (Last, First, Middle Initial)				
В.				Date of Receipt	
	Mailing Address 811 West 62nd Street			M M / D D / Y Y Y	Υ
				06 06 200	7
	City	State	Zip Code	Transaction ID: 14236975	
	Kansas City	MO	64113-1503	Amount of Each Receipt this Period	
	FEC ID number of contributing	С		250.0	20
	federal political committee.				
	Name of Employer	Occupation	n	1	
	Name of Employer North Kansas City Hospital		erating Officer		
	Receipt For:		e Year-to-Date ▼	1	
	Primary General				
	Other (specify) ▼		250.00		
	Full Name (Last, First, Middle Initial)				
C.	Mr. Brian A Gragnolati, , FACHE			Date of Receipt	
	Mailing Address 8600 Old Georgetown F	road		0 6 1 5 2 0 0	
	City	State	Zip Code	Transaction ID: 14249782	
	Bethesda	MD	20814-1422	Amount of Each Receipt this Period	
	FEC ID number of contributing				
	federal political committee.	C		250.0	00
				-	
	Name of Employer Suburban Hospital Healthc-	Occupation			
	are System	-	t and Chief Executive Officer	-	
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼		
	Primary General Other (specify) ▼		250.00	Contribution	
	Other (specify)				
	L				
S	UBTOTAL of Receipts This Page (optional)		<b>_</b>	750.0	00
$\vdash$	and a second control of the second con				
T	OTAL This Period (last page this line number o	nlv)			

S	CHEDULE A (FEC Form 3X)		Llea coparata cabadula(c)	FOR LINE NUMBER: PAGE 10 / 92
ITEMIZED RECEIPTS			Use separate schedule(s) or each category of the	(check only one)
• • • • • • • • • • • • • • • • • • • •	EIMIZED RECEIP 13		Detailed Summary Page	X 11a 11b 11c 12
				13 14 15 16 17
Ar or	y information copied from such Reports and Si for commercial purposes, other than using the	name and add	r not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
$\setminus$	NAME OF COMMITTEE (In Full)			
	American Hospital Association PAC			
A.	Full Name (Last, First, Middle Initial)  Mr Frederick H Kuriger			Date of Receipt
	Mailing Address 243 Elm Street			06 14 2007
	City	State	Zip Code	Transaction ID: 14250141
	Claremont	NH	03743-2099	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Valley Regional Hospital	Occupation Senior Vi	n ce President and Chief Ope	erat
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		500.00	
	Other (specify) ▼		300.00	
В.	Full Name (Last, First, Middle Initial) Mr. Reginald J. Lavoie			Date of Receipt
	Mailing Address Swiftwater Road			0 6 1 4 2 0 0 7
	City	State	Zip Code	Transaction ID: 14250142
	Woodsville	NH	03785-2001	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Cottage Hospital	Occupation Administr		
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	250.00	
— С.	Full Name (Last, First, Middle Initial) Mr. Steven Monette			Date of Receipt
	Mailing Address 243 Elm Street			0 6 1 4 2 0 0 7
	City	State	Zip Code	Transaction ID: 14250143
	Claremont	NH	03743-4921	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Valley Regional Hospital	Occupation Chief Fin	n ancial Officer	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		250.00	
Г				
s	UBTOTAL of Receipts This Page (optional)			750.00
s	UBTOTAL of Receipts This Page (optional)			750.00

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 11 / 92
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	(check only one)    X   11a
Ar	ny information copied from such Reports and State for commercial purposes, other than using the na	ements may	not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) American Hospital Association PAC			
Α.	Full Name (Last, First, Middle Initial) Mr. Scott W Howe			Date of Receipt
	Mailing Address 173 Middle Street			0 6 1 4 2 0 0 7
	City	State	Zip Code	Transaction ID: 14250144
	Lancaster	NH	03584-3508	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Weeks Medical Center	Occupation Chief Exe	n ecutive Officer	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
В.	Full Name (Last, First, Middle Initial) Mr. Russell G Keene			Date of Receipt
	Mailing Address 59 Page Hill Road			06 14 2007
	City	State	Zip Code	Transaction ID: 14250145
	Berlin	NH	03570-3542	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Androscoggin Valley Hospi- tal	Occupation Chief Exe	n ecutive Officer	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		250.00	
<u>с.</u>	Full Name (Last, First, Middle Initial) Mr. Bradford W Dykes			Date of Receipt
	Mailing Address 2900 West 16th Street			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 14250697
	Bedford	IN	47421-3510	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Bedford Regional Medical Center	Occupation President	n t and Chief Executive Office	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	250.00	
s	UBTOTAL of Receipts This Page (optional)			750.00
	OTAL This Period (last page this line number onl	w)		

## SCHEDULE A (FEC Form 3X)

٥/	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER:	PAGE 12/92
			Use separate schedule(s)	(check only one)	, 0
ITEMIZED RECEIPTS			or each category of the	X 11a 11b	11c  12
			Detailed Summary Page		15   16   17
Δn	y information copied from such Reports and Sta	tomonte may	unot be sold or used by any perso		
or	for commercial purposes, other than using the n	ame and add	dress of any political committee to	solicit contributions from su	ch committee.
_	NAME OF COMMITTEE (In Full)				
/	• • •				
/	American Hospital Association PAC				
_	Full Name (Last First Middle Initial)				
۸	Full Name (Last, First, Middle Initial) Mr. Martin Padgett			Date of Receipt	
٦.					
	Mailing Address 1606 Fox Run Trail			0 6 1 5	2007
	City	State	Zip Code		
	•		·	Transaction ID: 1425	
	<u>Jeffersonville</u>	IN	47130-8204	Amount of Each Rece	ipt this Period
	FEC ID number of contributing	С			250.00
	federal political committee.				200.00
	Name of Freedown	0			
	Name of Employer Clark Memorial Hospital	Occupation			
	·	1	t and Chief Executive Officer	$\dashv$	
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General	' '	250.00		
	Other (specify) ▼		230.00		
	Full Name (Last, First, Middle Initial)				
3.	Mr. Timothy A. Flesch	Date of Receipt			
	Mailing Address 336 Lant Lane	M M / D D /	Y Y Y Y		
		06 15	2007		
	City	State	Zip Code	Transaction ID: 1425	50699
	Evansville	IN	47715-3400	Amount of Each Rece	eipt this Period
	FEC ID number of contributing				050.00
	federal political committee.	C			250.00
	Name of Employer St. Mary's Medical Center	Occupation			
	of Evansvill	President	t		
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General	1	050.00	1	
	Other (specify) ▼		250.00		
				1	
	Full Name (Last, First, Middle Initial)				
Э.	Mr. David L Callecod, , FACHE			Date of Receipt	
	Mailing Address 1315 N. Sheridan			M M / D D /	YYYY
				06 15	2007
	City	State	Zip Code	Transaction ID: 1425	50706
	Marion	IN	46952-1809	Amount of Each Rece	pipt this Period
	FEC ID number of contributing				
	federal political committee.	C			250.00
	Name of Employer Marion General Hospital	Occupation			
	Mariori Gerierai Hospitai	President	t and Chief Executive Officer	•	
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General			1	
	Other (specify) ▼		250.00		
				1	
6	URTOTAL of Possints This Poss (anticas)				750.00
3	UBTOTAL of Receipts This Page (optional)		······	-	
_	OTAL TIL D. 1.1/1				
T	OTAL This Period (last page this line number or	าเy)	<b>)</b>		

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 13/92	
ITEMIZED RECEIPTS		or each category of the	(check only one)	
		Detailed Summary Page	X   11a   11b   11c   12   15   16   17	
Any information copied from such Reports and St	atements may	not be sold or used by any perso	n for the purpose of soliciting contributions	
or for commercial purposes, other than using the	name and add	dress of any political committee to	solicit contributions from such committee.	
NAME OF COMMITTEE (In Full)				
American Hospital Association PAC				
Full Name (Last, First, Middle Initial)				
Mr. Gary A Meyer  Mailing Address 2280 Locut Court Fast			Date of Receipt	
Mailing Address 2280 Locut Court East			06 15 2007	
City	State	Zip Code	Transaction ID: 14250707	
Seymour	IN	47274-8672	Amount of Each Receipt this Period	
FEC ID number of contributing	С		250.00	
federal political committee.				
Name of Employer Schneck Medical Center	Occupation			
-		t and Chief Executive Officer e Year-to-Date ▼		
Receipt For:  Primary General	Aggregate			
Other (specify) ▼		250.00		
			-	
Full Name (Last, First, Middle Initial)  3. Mr. Dennis W Dawes, , FACHE			Date of Receipt	
Mailing Address 36 Brandywine Court			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
City	State	Zip Code	Transaction ID: 14250711	
Brownsburg	IN	46112-1076	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C		500.00	
Name of Employer	Occupation	2		
Name of Employer Hendricks Regional Health	Presiden			
Receipt For:		e Year-to-Date ▼		
Primary General		500.00		
Other (specify) ▼		300.00		
Full Name (Last, First, Middle Initial)				
Mr. Douglas J Leonard			Date of Receipt	
Mailing Address One American Square, Post Office Box 82063	Suite 1900		0 6 1 5 2 0 0 7	
City	State	Zip Code	Transaction ID: 14250712	
Indianapolis	IN	46282-0200	Amount of Each Receipt this Period	
FEC ID number of contributing	С		500.00	
federal political committee.	<u> </u>			
Name of Employer Indiana Hospital&Health	Occupation			
Association	Presiden	t & CEO e Year-to-Date ▼	-	
Receipt For:  Primary General	Aggregate	5 1 5al 10-Dale ▼		
Other (specify)		500.00		
CURTOTAL of Develop This Day (1911)			1250.00	
SUBTOTAL of Receipts This Page (optional)			120100	

S	CHEDULE A (FEC Form 3X)		FOR LINE NUMBER: PAGE 14/92			
	•		Use separate schedule(s) or each category of the	(check only one)		
Ш	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12		
				13 14 15 16 17		
Ar	y information copied from such Reports and Sta for commercial purposes, other than using the i	atements may	not be sold or used by any perso	on for the purpose of soliciting contributions		
or	for commercial purposes, other than using the	name and add	lress of any political committee to	solicit contributions from such committee.		
	NAME OF COMMITTEE (In Full)					
	American Hospital Association PAC					
Α.	Full Name (Last, First, Middle Initial) Mr. Gregory W Lintjer			Date of Receipt		
	Mailing Address 53308 Monticola Lane			06 15 2007		
	City	State	Zip Code	Transaction ID: 14250713		
	Bristol	IN	46507-9692	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		500.00		
	Name of Employer Elkhart General Hospital	Occupation President				
	Receipt For:		Year-to-Date ▼			
	Primary General			1		
	Other (specify) ▼		500.00			
В.	Full Name (Last, First, Middle Initial) Ms. Linda E White			Date of Receipt		
	Mailing Address 5505 Timberlake Court	0 6 1 5 2 0 0 7				
	City State Zip Code			Transaction ID: 14250714		
	Evansville	IN	47710-4134	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		500.00		
	Name of Employer Deaconess Health System	Occupation President	n t and Chief Executive Office			
	Receipt For:	Aggregate	Year-to-Date <b>V</b>			
	Primary General	00 0		1		
	Other (specify) ▼		500.00			
— С.	Full Name (Last, First, Middle Initial) Mr. Stephen M Erixon			Date of Receipt		
٥.	Mailing Address 220 Windy Ridge			M M / D D / Y Y Y Y		
	ZZO Willdy Huge			06 15 2007		
	City	State	Zip Code	Transaction ID: 14253265		
	Hollister	MO	65672-5725	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		42.00		
	Name of Employer	Occupation	1			
	Skaggs Community Health Center		ecutive Officer			
	Receipt For:		Year-to-Date ▼			
	Primary General		050.00	1		
	Other (specify)		252.00			
				1010.00		
s	UBTOTAL of Receipts This Page (optional)			1042.00		
$\vdash$			<u>`</u>			

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 15/92
ITEMIZED RECEIPTS		or each category of the Detailed Summary Page	(check only one)    X   11a
Any information copied from such Reports and Sta or for commercial purposes, other than using the r	atements may	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) American Hospital Association PAC			
Full Name (Last, First, Middle Initial)  A. Mr Curt Kretzinger  Mailing Address 5325 Faraon Street			Date of Receipt
City	State	Zip Code	0 6 1 8 2 0 0 7  Transaction ID: 14253343
Saint Joseph  FEC ID number of contributing federal political committee.	C	64506-3398	Amount of Each Receipt this Period  300.00
Name of Employer Heartland Regional Medical Center Receipt For:  ☐ Primary ☐ General  Other (specify) ▼		erating Officer e Year-to-Date  300.00	
Full Name (Last, First, Middle Initial) Mr. Earl Rogers Mailing Address 1675 Terrell Mill Road			Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 14265630
Marietta	GA	30067-8339	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer Georgia Hospital Associat- ion	Occupation Senior V	n P, Government Relations	
Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial)  Mr. R. Timothy Stack, FACHE			Date of Receipt
Mailing Address 2001 Peachtree Road N Suite 400	IE		0 6 1 9 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 14265634
Atlanta	GA	30309-1476	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer Piedmont Healthcare		t & Chief Executive Officer	
Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional)			1300.00
TOTAL This Period (last page this line number of	nly)		

COLIEDIU E A /EEO Form OV)		]		FOR LINE NUMBER: PAGE 16 / 92					
	HEDULE A (FEC Form 3X)	Use separate schedule(s)		(check only one)					
ITE	MIZED RECEIPTS	or each category of the		X 11a 11b 11c 12					
			Detailed Summary Page	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$					
_									
or fo	Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.								
1	NAME OF COMMITTEE (In Full)								
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	American Hospital Association PAC								
	Full Name (Last, First, Middle Initial) Mr. Larry Sanders, , FACHE			Date of Receipt					
ľ	Mailing Address 707 Center Street, Suite	e 400		06 19 2007					
(	City	State	Zip Code	Transaction ID: 14265640					
(	Columbus	GA	31901-1526	Amount of Each Receipt this Period					
	FEC ID number of contributing ederal political committee.	C		250.00					
3	Name of Employer Columbus Regional Healthc- are System Receipt For: Primary General Other (specify)		n and Chief Executive Office Year-to-Date ▼ 250.00	r ]					
				Date of Receipt					
-	Mailing Address P O Box 200008		0 6 1 9 2 0 0 7						
(	City	State	Zip Code	Transaction ID: 14265642					
	Cartersville	GA	30120-9001	Amount of Each Receipt this Period					
- F	FEC ID number of contributing ederal political committee.	С		250.00					
_(	Name of Employer Emory Cartersville Medical Center Receipt For: Primary General Other (specify)		ecutive Officer Year-to-Date  250.00						
	Full Name (Last, First, Middle Initial) Ms. Karen Waters			Date of Receipt					
	Mailing Address 1569 Asheforde Drive			M M / D D / Y Y Y Y Y O O O O O O O O O O O O O O					
(	City	State	Zip Code	Transaction ID: 14265648					
	Marietta	GA	30068-1850	Amount of Each Receipt this Period					
F	FEC ID number of contributing ederal political committee.	C	33333 1333	500.00					
) <u>j</u>	Name of Employer Georgia Hospital Associat- on Receipt For:  Primary General  Other (specify) ▼		n sident, Professional Services Year-to-Date ▼ 500.00						
SUBTOTAL of Receipts This Page (optional)									

S	SCHEDULE A (FEC Form 3X)		FOR LINE NUMBER: PAGE 17/9					
	•		Use separate schedule(s) or each category of the	(check only one)				
Ш	EMIZED RECEIPTS	Detailed Summary Page		X 11a 11b 11c 12				
			2 otaliou Guillina, i ago	13 14 15 16 17				
Ar	y information copied from such Reports and St	atements may	not be sold or used by any person	on for the purpose of soliciting contributions				
or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.								
	NAME OF COMMITTEE (In Full)							
	American Hospital Association PAC							
Α.	Full Name (Last, First, Middle Initial) Ms. Temple Sellers			Date of Receipt				
	Mailing Address 1782 Briar Lake Circle			06 19 2007				
	City	State	Zip Code	Transaction ID: 14265664				
	Decatur	GA	30033-1110	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C		250.00				
	Name of Employer Georgia Hospital Associat-	Occupation	n ry Legislative Counsel					
	ion Receipt For:		Year-to-Date ▼					
	Primary General	00 0		1				
	Other (specify) ▼		250.00					
В.	Full Name (Last, First, Middle Initial) Ms Holly Bates Snow			Date of Receipt				
	Mailing Address 1968 Peachtree Road N	1W		M M / D D / Y Y Y Y				
		06 19 2007						
	City	State	Zip Code	Transaction ID: 14265671				
	Atlanta	GA	30309-1281	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C		250.00				
	Name of Employer	Occupation	า	_				
	Piedmont Höspital	Vice Pres	sident Government and Exte	rnal				
	Receipt For:	Aggregate	Year-to-Date ▼					
	Primary General		050.00	1				
	Other (specify)		250.00					
_	Full Name (Last, First, Middle Initial)							
C.	Mr. Benjamin Underwood			Date of Receipt				
	Mailing Address 2104 Murren Drive			06 19 2007				
	City	State	Zip Code	Transaction ID: 14265673				
	Smyrna	GA	30080-6520	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C		250.00				
	Name of Employer	Occupation	<u> </u>					
	Talbott Recovery Campus		t & Chief Executive Officer					
	Receipt For:		Year-to-Date V	_				
	Primary General	3993		1				
	Other (specify) ▼		250.00					
				*				
s	UBTOTAL of Receipts This Page (optional)			750.00				
$\vdash$	. 3 (17		<b>'</b>					

S	CHEDULE A (FEC Form 3X)		FOR LINE NUMBER: PAGE 18/			
	· ·	Use separate schedule(s) or each category of the		(check only one)		
П	EMIZED RECEIPTS	Detailed Summary Page		X 11a 11b 11c 12		
				13 14 15 16 17		
Ar	y information copied from such Reports and Sta	tements may	not be sold or used by any perso	on for the purpose of soliciting contributions		
or	for commercial purposes, other than using the r	dress of any political committee to	solicit contributions from such committee.			
	NAME OF COMMITTEE (In Full)					
	American Hospital Association PAC					
Α.	Full Name (Last, First, Middle Initial) Mr. Robert M Trimm			Date of Receipt		
	Mailing Address P O Box 139			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
	City	State	Zip Code	Transaction ID: 14265674		
	Waycross	GA	31502-0139	Amount of Each Receipt this Period		
		<u>ur</u>	31302-0133	Amount of Each Neceipt this Period		
	FEC ID number of contributing federal political committee.	C		250.00		
	Name of Employer Satilla Regional Medical	Occupation	1			
	Center Center	President	and Chief Executive Officer			
	Receipt For:	Aggregate	Year-to-Date ▼			
	Primary General		250.00			
	Other (specify)	0 0	230.00			
В.	Full Name (Last, First, Middle Initial) Mr. W. Daniel Barker			Date of Receipt		
	Mailing Address 50 South Prado NE			M M / D D / Y Y Y Y		
	-			06 19 2007		
	City	State	Zip Code	Transaction ID: 14265677		
	Atlanta	GA	30309-3309	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	С		250.00		
	rederal political committee.					
	Name of Employer Wesley Woods Center of Em-	Occupation				
	ory Universit	Administr				
	Receipt For:	Aggregate	Year-to-Date ▼			
	Primary General Other (specify) ▼		250.00			
	Other (specify)	0 0	0 0 0 0 0 0 0			
<u>—</u>	Full Name (Last, First, Middle Initial) Mr. Kevin Bloye			Date of Receipt		
٠.	Mailing Address 2813 Bakers Bridge Driv	/e		M M / D D / Y Y Y Y		
		06 19 2007				
	City	State	Zip Code	Transaction ID: 14265679		
	Douglasville	GA	30134-862	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	С		250.00		
	Name of Employer Georgia Hospital Associat-	Occupation				
	ion		sident of Public Relations	_		
	Receipt For:	Aggregate	Year-to-Date ▼			
	Primary General Other (specify) ▼		250.00			
	☐ Other (specify) ♥			1		
١	UBTOTAL of Receipts This Page (optional)			750.00		
$\vdash$	ODI OTAL OF HOOGING THIS Fage (optional)					

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 19 / 92 (check only one)    X
Ar or	y information copied from such Reports and Sta for commercial purposes, other than using the r	itements may name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\ \ }$	NAME OF COMMITTEE (In Full) American Hospital Association PAC			
Α.	Full Name (Last, First, Middle Initial)  Mr. Cal Calhoun  Mailing Address 85 Rumson Court  City  Smyrna  FEC ID number of contributing federal political committee.  Name of Employer Georgia Hospital Association  Receipt For:  Primary General  Other (specify)	1	Zip Code 30080-8009  n sident, Financial Services e Year-to-Date ▼ 500.00	Date of Receipt  M M M / D D / Y Y Y Y Y Y  Transaction ID: 14265680  Amount of Each Receipt this Period  500.00
3.	Full Name (Last, First, Middle Initial) Mr. Robert E. Bolden  Mailing Address 900 Powers Ferry Road Suite 104  City  Marietta  FEC ID number of contributing federal political committee.  Name of Employer Georgia Hospital Association  Receipt For: Primary General Other (specify)		Zip Code 30067-5774  n of Fiscal Services e Year-to-Date ▼ 250.00	Date of Receipt  M M / D D / Y Y Y Y Y  Transaction ID: 14265683  Amount of Each Receipt this Period  250.00
<b>D.</b>	Full Name (Last, First, Middle Initial) Ms. Cindy R Turner  Mailing Address P O Drawer 1987  City Alma  FEC ID number of contributing federal political committee.  Name of Employer Bacon County Hospital and Health Syste  Receipt For: Primary General Other (specify)		Zip Code 31510-1987  n ecutive Officer e Year-to-Date ▼ 250.00	Date of Receipt  M M / D D / Y Y Y Y Y  Transaction ID: 14265684  Amount of Each Receipt this Period  250.00
s	UBTOTAL of Receipts This Page (optional)			1000.00
T	OTAL This Period (last page this line number o	nlv)		

COUEDINE A (EEC Form 2V)				FOR LINE NUMBER: PAGE 20 / 92						
	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	(check only one)						
ΙT	EMIZED RECEIPTS		or each category of the	X 11a 11b 11c 12						
			Detailed Summary Page	13 14 15 16 17						
Δr	w information copied from such Reports and St	atomonte may	y not be sold or used by any perso							
or	Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.									
	NAME OF COMMITTEE (In Full)									
$  \rangle$	American Hospital Association PAC									
	7 interiodir i roopital 7 loopital on 17 lo									
	Full Name (Last, First, Middle Initial)									
A.	Mr. Oliver J Booker			Date of Receipt						
	Mailing Address P O Box 1068			M M / D D / Y Y Y Y						
				06 19 2007						
	City	State	Zip Code	Transaction ID: 14265685						
	Forsyth	GA	31029-1068	Amount of Each Receipt this Period						
	FEC ID number of contributing			250.00						
	federal political committee.	C		250.00						
		10		4						
	Name of Employer Monroe County Hospital	Occupation								
			ecutive Officer	_						
	Receipt For:	Aggregate	e Year-to-Date ▼	_						
	Primary General		250.00							
	Other (specify)	1 1		.1						
	Full Name of Land First Affidally Lattice			<del>- </del>						
В.	Full Name (Last, First, Middle Initial) Ms. Ginger E. Anspaugh, FHFMA			Date of Receipt						
٥.	Mailing Address 4002 Sunhill Court	M M / D D / Y Y Y Y								
	Walling Address 4002 Sullilli Court			06 19 2007						
	City	State	Zip Code	Transaction ID: 14265692						
	Woodstock	GA	30189-2561	Amount of Each Receipt this Period						
			33.63 233.							
	FEC ID number of contributing federal political committee.	C		500.00						
	Name of Employer Georgia Hospital Associat-	Occupation								
	ion		ce President & CFO							
	Receipt For:	Aggregate	Year-to-Date ▼							
	Primary General		500.00	1						
	Other (specify) ▼		300.00							
C	Full Name (Last, First, Middle Initial) Mr. Lance B Duke, , FACHE			Date of Receipt						
٥.	Mailing Address P O Box 951			M M / D D / Y Y Y Y						
	Walling Address P O Box 951			06 19 2007						
	City	State	Zip Code	Transaction ID: 14265694						
	Columbus	GA	31902-0951	Amount of Each Receipt this Period						
	FEC ID number of contributing									
	federal political committee.	C		250.00						
	Name of Employer Medical Center, The	Occupation								
			t and Chief Executive Office	<u>r  </u>						
	Receipt For:	Aggregate	Year-to-Date ▼							
	Primary General		250.00	1						
	Other (specify) ▼		250.00	1						
_										
				1000 00						
s	UBTOTAL of Receipts This Page (optional)		)	1000.00						
$\vdash$			<u> </u>	-						

S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 21 / 92		
	·	Use separate schedule(s) or each category of the		(check only one)		
П	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12		
				13 14 15 16 17		
Ar	y information copied from such Reports and St	atements may	not be sold or used by any perso	on for the purpose of soliciting contributions		
or	for commercial purposes, other than using the	name and add	iress of any political committee to	solicit contributions from such committee.		
	NAME OF COMMITTEE (In Full)					
	American Hospital Association PAC					
Α.	Full Name (Last, First, Middle Initial) Mr. Donald R Avery, , FACHE			Date of Receipt		
,	Mailing Address P O Box 7188			M M / D D / Y Y Y Y		
	City	Ctoto	7in Codo	06 19 2007		
	City	State GA	Zip Code	Transaction ID: 14265695		
	Columbus	GA	31908-7188	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		250.00		
	Name of Employer Hughston Orthopedic Hospi-	Occupation	n t and Chief Executive Officer			
	tal Receipt For:		Year-to-Date V	_		
	Primary General	Aggregate	Teal to Bate V	1		
	Other (specify)		250.00			
				'		
В.	Full Name (Last, First, Middle Initial) Ms. Danae Gambill			Date of Receipt		
	Mailing Address 1345 Towne Lake Hills	S. Drive		M M / D D / Y Y Y Y		
	2000-402	06 19 2007				
	City	State	Zip Code	Transaction ID: 14265700		
	Woodstock	GA	30189-5350	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		250.00		
	rederai politicai committee.					
	Name of Employer Georgia Hospital Associat-	Occupation	1			
	ion		of Government Relations			
	Receipt For:	Aggregate	Year-to-Date ▼			
	Primary General		250.00			
	Other (specify)		1 1 1 1 1 1 1			
<u> </u>	Full Name (Last, First, Middle Initial) Mr. Gerald N Fulks			Date of Receipt		
	Mailing Address 1514 Vernon Road			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
	City	State	Zip Code	Transaction ID: 14265706		
	<u>Lagrange</u>	GA	30240-4131	Amount of Each Receipt this Period		
	FEC ID number of contributing					
	federal political committee.	C		250.00		
	Name of Employer West Georgia Health System	Occupation President	n t and Chief Executive Officer			
	Receipt For:		Year-to-Date ▼	_		
	Primary General	3993		1		
	Other (specify) ▼		250.00			
_	<u> </u>			<u> </u>		
			<u> </u>			
s	UBTOTAL of Receipts This Page (optional)			750.00		
$\vdash$			·			

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 22 / 92 (check only one)  X 11a 11b 11c 12  13 14 15 16 17		
An or	y information copied from such Reports and Stat for commercial purposes, other than using the na	tements may ame and add	y not be sold or used by any persodress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.		
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) American Hospital Association PAC					
Α.	Full Name (Last, First, Middle Initial)  Ms. Lynn Hale  Mailing Address 2016 Harbor Forest Driv  City  Marietta  FEC ID number of contributing federal political committee.  Name of Employer Georgia Hospital Association  Receipt For:	State GA  C Occupation Assistant	Zip Code 30064-8378  n t to the President e Year-to-Date	Date of Receipt  M M M / D D M 2 0 0 7  Transaction ID: 14265709  Amount of Each Receipt this Period  250.00		
	Primary General Other (specify) ▼	0 0	250.00			
3.	Full Name (Last, First, Middle Initial) Mr. Richard Howerton Mailing Address 3365 W Paces Ferry Ct NW  City State Zip Code			Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
	Atlanta  FEC ID number of contributing federal political committee.		30327-2228	Amount of Each Receipt this Period 250.00		
	Name of Employer VHA Georgia, Inc.  Receipt For:  Primary  General  Other (specify) ▼	Occupation President Aggregate				
<b>D</b> .	Full Name (Last, First, Middle Initial) Dr Don Campbell, , M.D.  Mailing Address 677 Church Street			Date of Receipt    M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
	City	State	Zip Code	Transaction ID: 14265724		
	Marietta  FEC ID number of contributing federal political committee.	GA	30060-1101	Amount of Each Receipt this Period  250.00		
	Name of Employer WellStar Kennestone Hospital Receipt For: Primary General Other (specify)		n ice President Physician Serv e Year-to-Date ▼ 250.00	dic		
S	UBTOTAL of Receipts This Page (optional)			750.00		
T	OTAL This Period (last page this line number or	nlv)				

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER:	PAGE 23/92
	ITEMIZED RECEIPTS		or each category of the	(check only one)	
••	LIMIZED RECEIL 10		Detailed Summary Page	X 11a 11b	11c   12
Δ.,	winformation conicd from such Departs and Ct	otomonto mo	reat he cold or used by any never	13 14 14 14 15 15 15 15 15 15 15 15 15 15 15 15 15	15 16 17
or	y information copied from such Reports and St for commercial purposes, other than using the	solicit contributions from	sung contributions a such committee.		
	NAME OF COMMITTEE (In Full)				
$ \rangle$	American Hospital Association PAC				
	Full Name (Last, First, Middle Initial)				
Α.	Ms. Martha Harrell			Date of Receipt	
	Mailing Address 109 Springs Drive			06 19	
	City	State	Zip Code	Transaction ID: 1	
	Roswell	GA	30075-4825	Amount of Each R	
	FEC ID number of contributing		000.0 .020	7 tillount of Euch 11	· · · · · ·
	federal political committee.	C			250.00
		1-		_	
	Name of Employer Georgia Hospital Associat-	Occupation			
	ion Receipt For:		ational Services e Year-to-Date ▼		
	Primary General	Aggregate	rear-to-date V	,	
	Other (specify)		250.00		
				'	
	Full Name (Last, First, Middle Initial)				
В.	7			Date of Receipt	
	Mailing Address 2806 Octabia Lane			0 6 1 9	
	City	State	Zip Code		
	City	GA	30062-4924	Transaction ID: 1	
	Marietta	GA 50002-4924		Amount of Each R	ecelpt this Period
	FEC ID number of contributing federal political committee.	C			250.00
	- Todoral political dollaring				
	Name of Employer Georgia Hospital Associat-	Occupation			
	ion		ent Relations Assistant		
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼		
	Primary General Other (specify) ▼		250.00		
	Other (specify)	1		1	
_	Full Name (Last, First, Middle Initial)				
C.	Ms. Michelle Anne Williams			Date of Receipt	
	Mailing Address 4130 Brookview Drive			M M / D D	
	City	Ctoto	7in Code	06 19	
	City	State GA	Zip Code	Transaction ID: 1	
	Atlanta	GA	30339-4649	Amount of Each R	ecelpt this Period
	FEC ID number of contributing federal political committee.	C			500.00
	Name of Employer Alston & Bird LLP	Occupation	n		
-		Attorney			
	Receipt For:	Aggregate	e Year-to-Date ▼	_	
Primary General Other (specify) ▼			500.00		
			0 0 0 0 0 0 0	1	
S	UBTOTAL of Receipts This Page (optional)				1000.00
$\vdash$	age (optional)				
T	OTAL This Period (last page this line number of	only)			

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 24 / 92				
ITEMIZED RECEIPTS		or each category of the	(check only one)				
ITEMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12				
			13 14 15 16 1				
Any information copied from such Reports and S or for commercial purposes, other than using the	on for the purpose of soliciting contributions solicit contributions from such committee.						
NAME OF COMMITTEE (In Full)	That To data date						
American Hospital Association PAC							
/ American riosphar Association 1 Ac							
Full Name (Last, First, Middle Initial)							
A. Mr. G. Lamar Lyle			Date of Receipt				
Mailing Address Post Office Box 44			06 19 2007				
City	State	Zip Code	Transaction ID: 14265740				
Dalton	GA	30722-0044	Amount of Each Receipt this Period				
		00722 0044	Amount of Lacif Neceipt this Period				
FEC ID number of contributing federal political committee.	C		500.00				
Name of Employer Hamilton Medical Center	Occupation						
	Chairmar		_				
Receipt For: Primary General	Aggregate	Year-to-Date ▼					
Other (specify)		500.00					
Carlot (openity) V	0 0	1 1 1 1 1 1 1					
Full Name (Last, First, Middle Initial)							
B. Ms. Dorothy Vi B. Naylor			Date of Receipt				
Mailing Address 190 Hunting Creek Dri	ve		M M / D D / Y Y Y Y				
Other	01-1-	7'- O- 4-	06 19 2007				
City	State	Zip Code	Transaction ID: 14265746				
<u>Marietta</u>	GA	30068-3416	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C		500.00				
rederal political confinitiee.							
Name of Employer Georgia Hospital Associat-	Occupation						
ion		e Vice President					
Receipt For:	Aggregate	Year-to-Date ▼					
Primary General		500.00					
Other (specify) ▼		1 1 1 1 1 1 1 1					
Full Name (Last, First, Middle Initial)	<u> </u>						
C. Mr. Charles H Orrick			Date of Receipt				
Mailing Address 102 Hospital Circle			M M / D D / Y Y Y Y				
			06 19 2007				
City	State	Zip Code	Transaction ID: 14265751				
<u>Donalsonville</u>	GA	39845-1100	Amount of Each Receipt this Period				
FEC ID number of contributing	С		250.00				
federal political committee.							
Name of Employer	Occupation	1	7				
Donalsonville Hospital	Administ	rator					
Receipt For:	Aggregate	Year-to-Date ▼					
Primary General		250.00					
Other (specify) ▼	0 0	200.00					
	<u> </u>						
SUBTOTAL of Receipts This Page (optional)			1250.00				
SOBIOTAL OF Necespes This Page (optional)		•••••••••••••••••••••••••••••••••••••••					
TOTAL This Period (last page this line number	TOTAL This Period (last page this line number only)						

## SCHEDULE A (FEC Form 3X)

21	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PA	GE 25 / 92
			Use separate schedule(s)	(check only one)	
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a 11b 11c	12
			Detailed Guillinary Fage	13 14 15	16 17
An	ny information copied from such Reports and State	tements may	y not be sold or used by any perso	n for the purpose of soliciting co	ontributions
or	for commercial purposes, other than using the na	ame and add	dress of any political committee to	solicit contributions from such of	committee.
\	NAME OF COMMITTEE (In Full)				
$\rangle$	American Hospital Association PAC				
۹.	Full Name (Last, First, Middle Initial) Mr. A Donald Faulk, , FACHE			Date of Receipt	
	Mailing Address P O Box 6000			0 6 1 9 / Y	2007
	City	State	Zip Code	Transaction ID: 142657	60
	Macon	GA	31208-6000	Amount of Each Receipt t	his Period
	FEC ID number of contributing federal political committee.	C			500.00
	Name of Employer Medical Center of Central	Occupation President			
	Georgia Receipt For:		e Year-to-Date ▼	_	
	Primary General	7.99.094.0	Tour to Bate V	1	
	Other (specify) ▼		500.00		
3.	Full Name (Last, First, Middle Initial) Mr. William T Moore			Date of Receipt	
	Mailing Address 3014 Castle Pines Drive	M M / D D / Y 0 6 19	2007		
	City State Zip Code			Transaction ID: 142657	65
	Duluth	GA	30097-2039	Amount of Each Receipt t	his Period
	FEC ID number of contributing federal political committee.	C			250.00
	Name of Employer Atlanta Medical Center	Occupation	n ecutive Officer	7	
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General			1	
	Other (specify) ▼	0 0	250.00		
Э.	Full Name (Last, First, Middle Initial) Rhett Partin			Date of Receipt	
	Mailing Address 1675 Terrell Mill Road			0 6 / D D / Y	2007
	City	State	Zip Code	Transaction ID: 142657	67
	<u>Marietta</u>	GA	30067-8339	Amount of Each Receipt t	his Period
	FEC ID number of contributing federal political committee.	C			250.00
	Name of Employer Georgia Hospital Associat- ion	Occupation Exec. Dir	n ector, Center for Rural Healt		
	Receipt For:		e Year-to-Date ▼	7	
	Primary General		050.00	1	
	Other (specify) ▼		250.00		
s	UBTOTAL of Receipts This Page (optional)				1000.00
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T	OTAL This Period (last page this line number or	nly)			

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER:	PAGE 26/92	
	ITEMIZED RECEIPTS		or each category of the	(check only one)	
••	LIMIZED RECEIL 10		Detailed Summary Page	X 11a 11b	11c   12
Δ.,	winformation against from such Departs and Ct	atamanta mai	, not be cold or used by one norse	13 14 14 14 15 15 15 15 15 15 15 15 15 15 15 15 15	15 16 17
or	y information copied from such Reports and St for commercial purposes, other than using the	name and add	dress of any political committee to	solicit contributions from	sung contributions i such committee.
	NAME OF COMMITTEE (In Full)				
$  \rangle$	American Hospital Association PAC				
$\mathbb{Z}$	·				
Α.	Full Name (Last, First, Middle Initial) Mr. Glenn Pearson			Date of Receipt	
Α.	Mailing Address 660 Crossfire Ridge			M M / D D	/ Y Y Y Y
	Maining Address 000 Crossine Huge			06 19	
	City	State	Zip Code	Transaction ID: 1	4265768
	Marietta	GA	30064-1393	Amount of Each R	eceipt this Period
	FEC ID number of contributing	С			500.00
	federal political committee.				555.55
	Name of Employer	Occupation	1		
	Georgia Hospitál Associat- ion	Executive	e Vice President		
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General		500.00		
	Other (specify)				
_	Full Name (Last, First, Middle Initial)				
В.				Date of Receipt	
	Mailing Address 3497 Mill Bridge Drive			M M / D D	/ Y Y Y Y Y
	City	Ctoto	7in Codo	06 19	
	City	State GA	Zip Code	Transaction ID: 1	
	Marietta	GA	30062-5598	Amount of Each R	eceipt this Period
	FEC ID number of contributing federal political committee.	C			500.00
	<u> </u>				
	Name of Employer Georgia Hospital Associat-	Occupation	n t & Chief Executive Officer		
	ion Receipt For:	1	Year-to-Date ▼	$\dashv$	
	Primary General	riggregate	Total to Bate V	1	
	Other (specify) ▼	1	500.00		
_	Full Name (Last, First, Middle Initial)			Date of Receipt	
C.	Ms. Joyce Reid  Mailing Address 3500 Mooregate Drive			M M / D D	/ <b>Y Y Y Y</b>
				06 19	
	City	State	Zip Code	Transaction ID: 1	4265773
<u>Marietta</u>		GA	30062-5900	Amount of Each R	eceipt this Period
	FEC ID number of contributing	С			250.00
	federal political committee.				
Georgia Hospitál Association  Receipt For:  Ag		Occupation		7	
			nd Accountability Specialist,		
		Aggregate	e Year-to-Date ▼	. [	
	Primary General Other (specify)	' '	250.00		
	Office (Specify)	1	0 0 0 0 0 0 0	J.	
Г					
s	UBTOTAL of Receipts This Page (optional)				1250.00
$\vdash$	. 3 (17		<u>^</u>		
T	OTAL This Period (last page this line number of	only)	<b>&gt;</b>		

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER:	PAGE 27/92		
	ITEMIZED RECEIPTS		or each category of the	(check only one)	, –	
••	LIMIZED RECEIL 10		Detailed Summary Page	X 11a 11b	11c   12	
Δ.,	winformation against from a rob Departs and Ct	otomonto mo	, not be cold or used by one pare	13 14	15 16 17	
or	y information copied from such Reports and St for commercial purposes, other than using the	name and add	dress of any political committee to	solicit contributions from	such committee.	
	NAME OF COMMITTEE (In Full)					
$ \rangle$	American Hospital Association PAC					
<u>/</u>	Full Name (Last, First, Middle Initial)					
A.	Ms. Kathleen Paul			Date of Receipt		
	Mailing Address 1100 Ninth Avenue			M M / D D		
				06 21	2007	
	City	State	Zip Code	Transaction ID: 14		
	Seattle	WA	98101-2756	Amount of Each Re	ceipt this Period	
	FEC ID number of contributing federal political committee.	C			250.00	
	Name of Employer Virginia Mason Medical Ce-	Occupation Administr				
	nter Receipt For:		Year-to-Date ▼			
	Primary General	7.99.094.0				
	Other (specify) ▼	1	250.00			
В.	Full Name (Last, First, Middle Initial) Mr. Patricia Degroodt			Date of Receipt		
	Mailing Address 1330 Rockefeller			M M / D D	/ <b>Y</b>	
	P.O. Box 1147			06 21	2007	
	City	State	Zip Code	Transaction ID: 14	278580	
	Everett	WA	98201-1684	Amount of Each Re	ceipt this Period	
	FEC ID number of contributing federal political committee.	С			250.00	
	Name of Employer Providence Health System/-	Occupation	1			
	NWSA	Administ				
	Receipt For:	Aggregate	e Year-to-Date ▼			
	Primary General		250.00			
	Other (specify) ▼	0 0	0 0 0 0 0 0 0			
C.	Full Name (Last, First, Middle Initial) Ms. Diane Cecchettini, RN, MS			Date of Receipt		
	Mailing Address 12709 54th Avenue, NV	V		0 6 2 1	2007	
	City	State	Zip Code	Transaction ID: 14	278581	
MultiCare Health System		WA	98332-8853	Amount of Each Re	ceipt this Period	
		C			500.00	
		Occupation President	n t and Chief Executive Officer			
		Aggregate	e Year-to-Date ▼			
Primary General			500.00			
	Other (specify) ▼	300.00				
s	UBTOTAL of Receipts This Page (optional)				1000.00	
$\vdash$						
T	TOTAL This Period (last page this line number only)					

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 28 / 92		
ITEMIZED RECEIPTS		or each category of the	(check only one)		
•			Detailed Summary Page	X   11a   11b   11c   12   13   14   15   16   17	
Ar	ny information copied from such Reports and Sta	atements may	not be sold or used by any perso		
or	for commercial purposes, other than using the r	name and add	dress of any political committee to	solicit contributions from such committee.	
Λ	NAME OF COMMITTEE (In Full)				
$ \rangle$	American Hospital Association PAC				
<u>/_</u>	Full Name (Last, First, Middle Initial)				
A.	Ms. Johnese M. Spisso, RN, MPA			Date of Receipt	
	Mailing Address 11344 Riviera Place NE			0 6 2 1 2 0 0 7	
	City	State	Zip Code	Transaction ID: 14278582	
	Seattle	WA	98125-5960	Amount of Each Receipt this Period	
	FEC ID number of contributing		00.20.000		
	federal political committee.	C		500.00	
	Name of Employer Harborview Medical Center	Occupation Chief Op	n erating Officer		
	Receipt For:	<u> </u>	e Year-to-Date ▼	7	
	Primary General	1 1	500.00		
	Other (specify) ▼	0 0	000.00		
— В.	Full Name (Last, First, Middle Initial) Mr. Joseph W. Wilczek			Date of Receipt	
	Mailing Address 1175 SW 296th Street	06 21 2007			
	City	State	Zip Code	Transaction ID: 14278583	
	Federal Way	WA	98023-8251	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		500.00	
	Name of Employer Franciscan Health System	Occupation Presiden			
	Receipt For:		e Year-to-Date ▼	7	
	Primary General	1 1	500.00		
	Other (specify)		300.00		
<u> </u>	Full Name (Last, First, Middle Initial) Mr. Leo F. Greenawalt			Date of Receipt	
٠.	Mailing Address 4423 E. Sequim Bay Ro	ad		M M / D D / Y Y Y Y	
				06 21 2007	
	City	State	Zip Code	Transaction ID: 14278584	
	Sequim	WA	98382-9679	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	С		500.00	
	Name of Employer Washington State Hospital	Occupation			
	Association	-	t and Chief Executive Officer	<u> </u>	
	Receipt For:  Primary  General	Aggregate	e Year-to-Date ▼		
	Other (specify)		500.00		
_				'	
s	UBTOTAL of Receipts This Page (optional)		······	1500.00	
Ţ	OTAL This Period (last page this line number o	nlv)			
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S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 29 / 92		
ıт	EMIZED RECEIPTS	or each category of the		(check only one)		
П	EMIZED RECEIP 13		Detailed Summary Page	X 11a 11b 11c 12		
			, , , , ,	13 14 15 16 17		
Ar or	ry information copied from such Reports and Stat for commercial purposes, other than using the na	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.			
abla	NAME OF COMMITTEE (In Full)					
$\rangle$	American Hospital Association PAC					
Α.	Full Name (Last, First, Middle Initial) Mr. David Jimenez			Date of Receipt		
	Mailing Address 615 Elsinore Place			06 20 7 2007		
	City	State	Zip Code	Transaction ID: 14278601		
	Cincinnati	OH	45202-1459	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		1000.00		
	Name of Employer Catholic Healthcare Partn- ers	Occupation Executive	n e Vice President			
	Receipt For:	Aggregate	e Year-to-Date ▼			
	Primary General			1		
	Other (specify) ▼	0 0	1000.00			
В.	Full Name (Last, First, Middle Initial) Ms. Patricia R. Goldman			Date of Receipt		
	Mailing Address 325 Seventh Street, NW Suite 700			06 19 7 2007		
	City	State	Zip Code	Transaction ID: 14278607		
	Washington	DC	20004-2818	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		500.00		
	Name of Employer American Hospital Associa-	Occupation Senior As	n ssociate Director			
	tion-Washingt Receipt For:		e Year-to-Date ▼			
	Primary General	/ iggi ogaic	7 Tour to Bate V	1		
	Other (specify) ▼	0 0	500.00			
<u> </u>	Full Name (Last, First, Middle Initial) Mr. Lowell C. Kruse, FACHE			Date of Receipt		
	Mailing Address 7300 SE 75th Road			0 6 2 0 7 2 0 0 7		
	City	State	Zip Code	Transaction ID: 14280108		
	Saint Joseph	MO	64507-8073	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		1000.00		
	Name of Employer Heartland Health	Occupation President	n t and Chief Executive Office			
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1000.00			
s	UBTOTAL of Receipts This Page (optional)		<b>.</b>	2500.00		
<u>_</u>	1		<b>_</b>			

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER:	PAGE 30/92		
	ITEMIZED RECEIPTS		or each category of the	(check only one)	1 🗆	
••	LIMIZED RECENT 10		Detailed Summary Page	X 11a 11b 1	11c   12 15   16   17	
۸۰	winformation assign from such Benerte and St	estamanta mai	, not be cold or used by any narro			
or	y information copied from such Reports and St for commercial purposes, other than using the	name and add	dress of any political committee to	solicit contributions from	such committee.	
$\setminus$	NAME OF COMMITTEE (In Full)					
$\rangle$	American Hospital Association PAC					
Α.	Full Name (Last, First, Middle Initial) Mr. Dwight L. Fine			Date of Receipt		
	Mailing Address 12675 Riviera Heights	Road		06 / 20	2007	
	City	State	Zip Code	Transaction ID: 14	280114	
	Holts Summit	MO	65043-2039	Amount of Each Re	ceipt this Period	
	FEC ID number of contributing federal political committee.	C			111.12	
	Name of Employer Missouri Hospital Associa- tion	Occupation Sr. Vice F	n President, Health Policy			
	Receipt For:	Aggregate	e Year-to-Date ▼			
	Primary General		666.72			
	Other (specify)	0 0	000.72			
В.				Date of Receipt		
	Mailing Address 5612 Tanner Bridge Ro	06 / 20	2007			
	City State		Zip Code	Transaction ID: 14280126		
	Jefferson City	<u>MO</u>	65101-8275	Amount of Each Re	ceipt this Period	
	FEC ID number of contributing federal political committee.	С			111.12	
	Name of Employer Missouri Hospital Associa- tion	Occupation President	n t and Chief Executive Officer			
	Receipt For:	Aggregate	e Year-to-Date ▼			
	Primary General		555.60			
	Other (specify)	0 0	333.60			
C.	Full Name (Last, First, Middle Initial) Mr. Vincent J McCorkle, , CHE			Date of Receipt		
	Mailing Address P O Box 9012			06 / 22	2007	
	City	State	Zip Code	Transaction ID: 14	282006	
	Springfield		01102-9012	Amount of Each Re	ceipt this Period	
FEC ID number of contributing federal political committee.		C			250.00	
	Name of Employer Mercy Medical Center	Occupation President	n t and Chief Executive Officer			
Receipt For:		Aggregate	e Year-to-Date ▼			
Primary General			250.00			
	Other (specify) ▼	0 0	200.00			
s	UBTOTAL of Receipts This Page (optional)				472.24	
			<u> </u>			
T	OTAL This Period (last page this line number of	only)				

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 31 / 92 (check only one)  X 11a 11b 11c 12  13 14 15 16 17
An or	y information copied from such Reports and Sta for commercial purposes, other than using the r	atements may name and add	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) American Hospital Association PAC			
Α.	Full Name (Last, First, Middle Initial) Mr. Mark H. Shuter  Mailing Address 272 Hospital Road  City Chillicothe  FEC ID number of contributing federal political committee.  Name of Employer Adena Health System  Receipt For: Primary General Other (specify)		Zip Code 45601-9031  n t and Chief Executive Officel e Year-to-Date ▼ 275.00	Date of Receipt  M M M / D D / Y Y Y Y Y  Transaction ID: 14282773  Amount of Each Receipt this Period  275.00
3.	Full Name (Last, First, Middle Initial) Mr. John E. Callender Mailing Address 2743 Elginfield Road  City Upper Arlington  FEC ID number of contributing federal political committee.  Name of Employer Ohio Hospital Association  Receipt For:  Primary General Other (specify)		Zip Code 43220-4247 n ce President e Year-to-Date ▼	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
<b>C</b> .	Full Name (Last, First, Middle Initial) Mr. Melvin R Creeley  Mailing Address 425 West Fifth Street  City  East Liverpool  FEC ID number of contributing federal political committee.  Name of Employer East Liverpool City Hospital  Receipt For: Primary General Other (specify)	State OH C Occupation President Aggregate		Date of Receipt  M M J D D J Z D O 7  Transaction ID: 14282775  Amount of Each Receipt this Period  250.00
S	UBTOTAL of Receipts This Page (optional)		······•	1025.00
Т	OTAL This Period (last page this line number o	nly)		

## SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

PAGE 32/92 FOR LINE NUMBER: Use separate schedule(s) (check only one) or each category of the 11a 11b 11c **Detailed Summary Page** 13 17 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Hospital Association PAC Full Name (Last, First, Middle Initial) Ms. Cynthia Ann Moore-Hardy Date of Receipt Mailing Address 10 East Washington 06 2007 15 Zip Code City State Transaction ID: 14282776 Painesville OH 44077-3460 Amount of Each Receipt this Period FEC ID number of contributing 250.00 C federal political committee. Name of Employer Lake Hospital System Occupation President and Chief Executive Officer Aggregate Year-to-Date ▼ Receipt For: General Primary 250.00 Other (specify) Full Name (Last, First, Middle Initial) B. Mr. Thomas L Sieber Date of Receipt Mailing Address 2951 Maple Avenue 0 6 15 2007 City Transaction ID: 14282777 Zip Code State Zanesville OH 43701-1406 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. Name of Employer Genesis HealthCare System Occupation President and Chief Executive Officer Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) C. Mr. R. Reed Fraley Date of Receipt Mailing Address 257 Clouse Lane 2.00.7 06 15 Citv State Zip Code Transaction ID: 14282778 Granville OH 43023-1428 Amount of Each Receipt this Period FEC ID number of contributing 125.00 C federal political committee. Name of Employer Ohio Hospital Association Occupation Senior Vice President Receipt For: Aggregate Year-to-Date ▼ Primary General 375.00 Other (specify) 625.00 SUBTOTAL of Receipts This Page (optional) .....

S	SCHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 33 / 92
	•		Use separate schedule(s) or each category of the	(check only one)
П	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
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Ar	y information copied from such Reports and Sta	atements may	not be sold or used by any perso	on for the purpose of soliciting contributions
or	for commercial purposes, other than using the r	name and add	dress of any political committee to	solicit contributions from such committee.
$\setminus$	NAME OF COMMITTEE (In Full)			
$  \rangle$	American Hospital Association PAC			
	·			
	Full Name (Last, First, Middle Initial)			
Α.	Mr. John T Gribbin			Date of Receipt
	Mailing Address 5 Ephraim Road			M M / D D / Y Y Y Y
		<b></b>		06 29 2007
	City	State	Zip Code	Transaction ID: 14285529
	Clarksburg	NJ	08510-1620	Amount of Each Receipt this Period
	FEC ID number of contributing	C		500.00
	federal political committee.			000.00
	Name of Employer	Occupation	2	_
	Name of Employer CentraState Healthcare Sy-		t and Chief Executive Office	
	stem Receipt For:	1	Year-to-Date ▼	
	Primary General	7 tggr ogato	real to Bate V	1
	Other (specify) ▼		500.00	
			0 0 0 0 0 0 0	1
_	Full Name (Last, First, Middle Initial)			
В.	Mr. Al Maghazehe			Date of Receipt
	Mailing Address 314 Stoney Ford road			M M / D D / Y Y Y Y
				06 29 2007
	City	State	Zip Code	Transaction ID: 14285544
	Holland	PA	18966-2510	Amount of Each Receipt this Period
	FEC ID number of contributing			1474.00
	federal political committee.	C		1474.00
	Name of Familian	10		_
	Name of Employer Capital Health System at	Occupation	acutive Officer	
	Fuld	1		_
	Receipt For:  Primary  General	Aggregate	e Year-to-Date ▼	
	Other (specify)	' '	1474.00	
	Citiei (Specify)	0 0		
	Full Name (Last, First, Middle Initial)			
C.	Mr. David P Tilton			Date of Receipt
	Mailing Address 624 Park Place			M M / D D / Y Y Y Y
				06 29 2007
	City	State	Zip Code	Transaction ID: 14285562
	Galloway	NJ	08205-6014	Amount of Each Receipt this Period
	FEC ID number of contributing		1 1 1 1 1	500.00
	federal political committee.	C		500.00
	Name of Employer	Ossumation		_
	Name of Employer AtlantiCare	Occupation		
	Receipt For:		t and Chief Executive Officer  Year-to-Date   T	-
	Primary General	Aggregate	FIGAI-IU-DAIE ▼	,
	Other (specify)	1 ' '	500.00	
	3 tilo: (opoon)) ♥		0 0 0 0 0 0 0	1
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_	UBTOTAL of Receipts This Page (optional)			2474.00
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SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBE	R: PAGE 34/92	
	EMIZED RECEIPTS		or each category of the	(check only one)	
•	EIVIIZED RECEIP I 3		Detailed Summary Page	X 11a   11b	$\vdash$ $\vdash$ $\vdash$
				13 14	15 16 17
Ar	ly information copied from such Reports and Si for commercial purposes, other than using the	atements may	/ not be sold or used by any perso dress of any political committee to	n for the purpose of so solicit contributions fro	oliciting contributions
<u></u>	NAME OF COMMITTEE (In Full)		are or any point our committee to		
$  \rangle$	American Hospital Association PAC				
	American Hospital Association 1 Ao				
	Full Name (Last, First, Middle Initial)				
A.	Mr. Thomas O. Barnes			Date of Receipt	
	Mailing Address 123 Main Street				D / Y Y Y Y Y
	O:h.	01-1-	7:- 0 - 4 -		2007
	City	State CT	Zip Code	Transaction ID:	
	Bristol	UI	06010-6307	Amount of Each	Receipt this Period
	FEC ID number of contributing federal political committee.	C			500.00
	rederai politicai committee.				
	Name of Employer Bristol Hospital	Occupation			
			n of the Board		
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General	' '	500.00		
	Other (specify)	0 0			
_	Full Name (Last, First, Middle Initial)				
В.				Date of Receipt	
	Mailing Address 815 Gatehouse Lane			M M / D	D / Y Y Y Y
				0 6 2	2007
	City	State	Zip Code	Transaction ID:	14300293
	Columbus	OH	43235-1733	Amount of Each	Receipt this Period
	FEC ID number of contributing	C		' '	500.00
	federal political committee.				555.55
	Name of Employer Ohio Hospital Association	Occupation	n	7	
	Ohio Hospital Association	Presiden	t & Chief Executive Officer		
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General		500.00	1	
	Other (specify) ▼	0 0	500.00		
C.	Full Name (Last, First, Middle Initial) Ms. Mandy C Goble			Date of Receipt	
٠.	Mailing Address 205 Palmer Avenue			M M / D	D / Y Y Y Y
	200 Familia Avende				2007
	City	State	Zip Code	Transaction ID:	14300294
<u>Bellefontaine</u>		OH	43311-2298	Amount of Each	Receipt this Period
	FEC ID number of contributing				250.00
federal political committee.  Name of Employer Mary Rutan Hospital  Receipt For:		C			250.00
		Occupation		$\dashv$	
			t and Chief Executive Officer		
			e Year-to-Date ▼		
Primary General Other (specify) ▼				1	
			250.00		
_					
					1250.00
s	$\textbf{UBTOTAL} \ \ \text{of Receipts This Page (optional)} \ \dots$		······		1250.00
T					

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 35/92	
ITEMIZED RECEIPTS		or each category of the	(check only one)	
•••	LIMIZED RECEIP 13		Detailed Summary Page	X 11a 11b 11c 12
				13 14 15 16 17
Ar	ny information copied from such Reports and Stater for commercial purposes, other than using the nan	ments may ne and ado	r not be sold or used by any perso Iress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)		71	
$  \rangle$	American Hospital Association PAC			
	7 in ordan rioophar 7 ioocolailen r 7 io			
_	Full Name (Last, First, Middle Initial)			
A.	Ms. Karen Nelson			Date of Receipt
	Mailing Address 2 Stonehedge Drive			06 29 2007
	City	State	Zip Code	
	Wilmington	MA	01887-3190	Transaction ID: 14300346  Amount of Each Receipt this Period
		IVIA	01007-3190	Amount of Each Neceipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer	Occupation	1	7
	Maccachusotte Hospital As-	•	ce President	
		Aggregate	Year-to-Date ▼	
	Primary General		050.00	1
	Other (specify) ▼	0 0	250.00	
_				
В.	Full Name (Last, First, Middle Initial) Mr. Matthew D. Williams			Date of Receipt
	Mailing Address 615 Elsinore Place			M M / D D / Y Y Y Y
	011	01-1-	7'- O. d.	06 29 2007
	City	State	Zip Code	Transaction ID: 14300357
	Cincinnati	OH	45202-1459	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Cotholio Hodithooro Porto	Occupation		iona
	0.0		cacy and Government Relative Year-to-Date	lons
	Primary General	Aggregate	rear-to-Date V	1
	Other (specify)		500.00	
	Full Name (Last, First, Middle Initial)			
C.	Mr. Michael D Connelly			Date of Receipt
	Mailing Address 615 Elsinore Place			06 29 2007
	City	State	Zip Code	Transaction ID: 14300358
	Cincinnati	OH	45202-1459	Amount of Each Receipt this Period
	FEC ID number of contributing			1000.00
	federal political committee.	C		1000.00
	Name of Employer	Occupation	1	┪
	Catholic Healthéara Partn	•	and Chief Executive Officer	
	CIS		Year-to-Date ▼	
	Primary General	-	1000	1
	Other (specify) ▼		1000.00	
_				
				1750.00
Ls	UBTOTAL of Receipts This Page (optional)		······	1700.00
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SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER:	PAGE 36/92	
	ITEMIZED RECEIPTS		or each category of the	(check only one)	
•••	LIVIIZED NECEIF 13		Detailed Summary Page	X 11a 11b	11c   12
				13 14	15 16 17
Ar	y information copied from such Reports and Sta for commercial purposes, other than using the a	atements may name and add	not be sold or used by any perso dress of any political committee to	on for the purpose of solic solicit contributions from	iting contributions such committee.
	NAME OF COMMITTEE (In Full)		7,1111111111111111111111111111111111111		
$  \rangle$	American Hospital Association PAC				
	7 interiodit i loopital 7 loodelation 1 7 lo				
_	Full Name (Last, First, Middle Initial)				
A.	Mr. Rudy C. Snedigar			Date of Receipt	
	Mailing Address 171 SE 3rd Lane			0 6 2 9	
	City	State	Zip Code		
	City Lamar	MO	64759-9212	Transaction ID: 1	
		IVIO	04739-9212	Amount of Each R	aceipi iriis Period
	FEC ID number of contributing federal political committee.	C			275.00
	Name of Employer Barton County Memorial Ho-	Occupation			
	spital		rator and CEO		
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General Other (specify) ▼	' '	275.00		
	Other (specify)		1 1 1 1 1 1 1 1		
_	Full Name (Last, First, Middle Initial)				
В.	Mr. Fred J. Lucky			Date of Receipt	
	Mailing Address 14607 West 89th Street	t		M M / D D	/ Y " Y " Y " Y
				06 29	
	City	State	Zip Code	Transaction ID: 1	4308005
	Lenexa	KS	66215-2967	Amount of Each R	eceipt this Period
	FEC ID number of contributing	С			115.38
	federal political committee.				
	Name of Employer Kansas Hospital Associati-	Occupation	1	7	
	Kansas Hospital Associati- on	Senior Vi	ce President		
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General		249.99	1	
	Other (specify)		249.99		
C.	Full Name (Last, First, Middle Initial) Mr. Ronald R Peterson			Date of Receipt	
•	Mailing Address 733 North Broadway, B	RR 104		M M / D D	/
	700 North Broadway, B	110101		06 29	
	City	State	Zip Code	Transaction ID: 1	4313543
Baltimore		MD	21205	Amount of Each R	eceipt this Period
	FEC ID number of contributing	С			250.00
	federal political committee.	<u> </u>			250.00
Name of Employer		Occupation	 1	$\dashv$	
	Johns Hopkins Health Syst-	President			
em I Receipt For:		Aggregate	Year-to-Date ▼		
Primary General Other (specify) ▼			050.00	1	
			250.00		
_					
					640.38
S	UBTOTAL of Receipts This Page (optional)	·····	······································		040.30
T	OTAL This Period (last page this line number of	nly)	<b>&gt;</b>		

SCHEDULE A (FEC Form 3X)  Use separate schedule(s		Use separate schedule(s)	FOR LINE NUMBER:	PAGE 37/92	
ITEMIZED RECEIPTS			or each category of the	(check only one)	1 🗖
••			Detailed Summary Page	X 11a 11b 1	11c   12 15   16   17
Δr	y information copied from such Reports and St	atemente may	unot he cold or used by any perso		
or	for commercial purposes, other than using the	name and add	dress of any political committee to	solicit contributions from	such committee.
$\setminus$	NAME OF COMMITTEE (In Full)				
	American Hospital Association PAC				
A.	Full Name (Last, First, Middle Initial) Mr. Martin L Doordan			Date of Receipt	
	Mailing Address 2001 Medical Parkway			06 / 29	2007
	City	State	Zip Code	Transaction ID: 14	
	Annapolis	MD	21401-3280	Amount of Each Re	ceipt this Period
	FEC ID number of contributing federal political committee.	C			250.00
	Name of Employer Anne Arundel Medical Cent- er	Occupation President			
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General	' '	250.00		
	Other (specify) ▼	0 0	0 0 0 0 0 0		
В.	Full Name (Last, First, Middle Initial) Mr. Carl J Schindelar			Date of Receipt	
٠.	Mailing Address 9000 Franklin Square D	Drive		M M / D D D D D D D D D D D D D D D D D	/ Y Y Y Y Y Y 2 0 0 7
	City	State	Zip Code	Transaction ID: 14	
	Baltimore	MD	21237-2998	Amount of Each Re	
	FEC ID number of contributing federal political committee.	C			250.00
	Name of Employer Franklin Square Hospital Center	Occupation President			
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General		250.00		
	Other (specify) ▼	0 0			
C.	Full Name (Last, First, Middle Initial) Ms. Christine R Wray			Date of Receipt	
	Mailing Address P O Box 527			06 / 29	2007
	City	State	Zip Code	Transaction ID: 14	313549
	Leonardtown	<u>MD</u>	20650-0527	Amount of Each Re	ceipt this Period
	FEC ID number of contributing federal political committee.	C			325.00
	Name of Employer St. Mary's Hospital	Occupation President	n t and Chief Executive Officer		
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General		325.00		
	Other (specify)				
s	UBTOTAL of Receipts This Page (optional)		·····		825.00
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S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 38 / 92
	EMIZED RECEIPTS		or each category of the	(check only one)
•••	LIVIIZED RECEIP 13		Detailed Summary Page	X 11a 11b 11c 12
_				13 14 15 16 17
Ar	ny information copied from such Reports and Stat for commercial purposes, other than using the na	tements may ame and add	not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)		7,1111111111111111111111111111111111111	
$  \rangle$	American Hospital Association PAC			
	American Hospital Association FAC			
	Full Name (Last, First, Middle Initial)			
A.	Ms. Joanne E Pollak, , JD			Date of Receipt
	Mailing Address 733 North Broadway, BF	RB 104		M M / D D / Y Y Y Y
	O.h	Ctata	7:n Onda	06 29 2007
	City Baltimore	State MD	Zip Code	Transaction ID: 14313550
		IVID	21205	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	rederal political committee.			
	Name of Employer Johns Hopkins Health Syst-	Occupation	1	
	em		sident and General Counsel	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General	, ,	250.00	
	☐ Other (specify) ▼			
	Full Name (Last, First, Middle Initial)			
В.	Katie Vaughan			Date of Receipt
	Mailing Address 506 A East Howell Avenu	ue		M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR1034595119191
	Alexandria	VA	22301	Amount of Each Receipt this Period
	FEC ID number of contributing	С		40.00
	federal political committee.			
	Name of Employer American Hospital Associa-	Occupation	1	7
	American Hospital Associa- tion-Washingt	Associate	e Director	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		260.00	P/R Deduction (\$20.00 Bi-
	Other (specify) ▼		200.00	Weekly)
_	Full Name (Last, First, Middle Initial)			<del> </del>
C.	Ms. Melinda Reid Hatton			Date of Receipt
	Mailing Address 325 Seventh Street, NW			M M / D D / Y Y Y Y
	Suite 700			
	City	State	Zip Code	Transaction ID: PR1045726219191
	Washington	DC	20004-2818	Amount of Each Receipt this Period
	FEC ID number of contributing	С		100.00
	federal political committee.			
	Name of Employer American Hospital Associa-	Occupation	า	7
	American Hospital Associa- tion-Washingt		ef Washington Counsel	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General	1 1	250.00	P/R Deduction (\$50.00 Bi-
	Other (specify) ▼		350.00	Weekly)
_				
				390.00
Ls	UBTOTAL of Receipts This Page (optional)		<u> </u>	
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1 1	OTAL This Period (last page this line number or	п <b>у</b> )	··············	

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 39 / 92
	EMIZED RECEIPTS		or each category of the	(check only one)
"	EMIZED RECEIPTS		Detailed Summary Page	X   11a   11b   11c   12   13   14   15   16   17
Δι	ny information copied from such Reports and Stateme	nte may	y not be sold or used by any person	
or	for commercial purposes, other than using the name	and add	dress of any political committee to	solicit contributions from such committee.
$\setminus$	NAME OF COMMITTEE (In Full)			
$ \rangle$	American Hospital Association PAC			
<u>Z</u>	Full Name (Last First Middle Initial)			1
A.	Full Name (Last, First, Middle Initial) Ms. Sohini Jindal			Date of Receipt
	Mailing Address 325 Seventh Street, NW			M " M / D " D / Y " Y " Y " Y
	0		7: 0 1	
	•	tate	Zip Code	Transaction ID: PR1125613619191
		C	20004-2818	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	;		40.00
	Name of Employer American Hospital Associa-	cupation	1	1
	tion-Washingt Se	nior As	ssociate Director	
		gregate	Year-to-Date ▼	
	Primary General Other (specify)		260.00	P/R Deduction (\$20.00 Bi- Weekly)
	Other (specify)	0 0		Weekly)
В.	Full Name (Last, First, Middle Initial) Mr. Alex White, Jr.			Date of Receipt
	Mailing Address One North Franklin			M M / D D / Y Y Y Y
	City	tate	Zip Code	Transaction ID: PR1339349919191
	Chicago II	_	60606-3436	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	;		120.00
	Name of Employer Oc American Hospital Associa-	cupation	1	
	tion		Executive	
	Receipt For: Ag	gregate	Year-to-Date ▼	
	Other (specify) ▼		720.00	P/R Deduction (\$60.00 Bi- Weekly)
<u>_</u>	Full Name (Last, First, Middle Initial) Ms. Linda Fishman			Date of Receipt
٥.	Mailing Address 325 Seventh Street, NW			M M / D D / Y Y Y Y
	Suite 700			
	•	tate	Zip Code	Transaction ID: PR327629119191
	Washington D	)C	20004-2818	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	;		90.00
	Name of Employer American Hospital Associa-	cupation	1	7
	tion-Washingt VIC	ce Pres	sident Federal Relations	
		gregate	Year-to-Date ▼	
	Primary General		495.00	P/R Deduction (\$45.00 Bi- Weekly)
	Other (specify)	0 0		Weekly)
s	SUBTOTAL of Receipts This Page (optional)			250.00
F				
T	OTAL This Period (last page this line number only)		<b>&gt;</b>	

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 40 / 92 (check only one)
ITEMIZED RECEIPTS		or each category of the Detailed Summary Page	X   11a
Any information copied from such Reports and or for commercial purposes, other than using the	Statements ma	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Hospital Association PAC			
Full Name (Last, First, Middle Initial)  A. Mr. Lindsay Mac Robinson			Date of Receipt
Mailing Address 107 East Lane			M M / D D / Y Y Y Y
City	State	Zip Code	Transaction ID: PR327727319191
Lake Barrington	IL	60010-1939	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		100.00
Name of Employer American Hospital Associa- tion-Chicago	Occupation Vice Pre-	n sident, PMGs	
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼		350.00	P/R Deduction (\$50.00 Bi- Weekly)
Full Name (Last, First, Middle Initial) <b>B.</b> Ms. Deborah F. Weiner	<b>'</b>		Date of Receipt
Mailing Address 11004 Petersborough	1		M M / D D / Y Y Y Y
City	State	Zip Code	Transaction ID: PR327745919191
Rockville	MD	20852-3249	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		100.00
Name of Employer American Hospital Associa-	Occupation		
tion-Washingt		Grassroots Advocacy	
Receipt For: Primary General	Aggregate	e Year-to-Date ▼	D/D Dadwatian (050 00 Di
Other (specify) ▼		350.00	P/R Deduction (\$50.00 Bi- Weekly)
Full Name (Last, First, Middle Initial)  C. Ms. Pamela Austin Thompson, RN, MSN	•		Date of Receipt
Mailing Address 325 Seventh Street, I Suite 700	VW		M " M / D " D / Y " Y " Y " Y
City	State	Zip Code	Transaction ID: PR327812019191
Washington	DC	20004-2818	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		80.00
Name of Employer American Organization of	Occupatio		
Nurse Executi		e Director	
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼		695.00	P/R Deduction (\$40.00 Bi- Weekly)
SUBTOTAL of Receipts This Page (optional)			280.00
TOTAL This Period (last page this line number	er only)		

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 41 / 92
TEMIZED RECEIPTS		or each category of the	(check only one)
		Detailed Summary Page	X   11a   11b   11c   12   13   14   15   16   17
Any information copied from such Reports and State	ements may	not be sold or used by any perso	
or for commercial purposes, other than using the na	ame and add	lress of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full)			
American Hospital Association PAC			
Full Name (Lest First Middle Letter)			
Full Name (Last, First, Middle Initial)  A. Mr. Mark Seklecki			Date of Receipt
Mailing Address 325 Seventh Street, NW			M M / D D / Y Y Y Y
Suite 700			
City	State	Zip Code	Transaction ID: PR327858019191
Washington	DC	20004-2818	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		80.00
Name of Employer American Hospital Associa-	Occupation		
tion-Washingt	l	e Director, AHAPAC	-
Receipt For: Primary General	Aggregate	Year-to-Date ▼	D/D D 1 11 11 1 10 10 00 D
Other (specify)		520.00	P/R Deduction (\$40.00 Bi- Weekly)
Full Name (Last, First, Middle Initial)			
Mr. John F. Barry  Mailing Address One North Franklin			Date of Receipt
Mailing Address One North Franklin			M M / D D / Y Y Y Y
City	State	Zip Code	Transaction ID: PR327877819191
Millis	MA	60606-3436	Amount of Each Receipt this Period
FEC ID number of contributing			86.98
federal political committee.	C		00.90
Name of Employer	Occupation	1	1
Name of Employer American Hospital Associa- tion-Chicago		Executive	
Receipt For:	Aggregate	Year-to-Date ▼	
Primary General		434.90	P/R Deduction (\$43.49 Bi-
☐ Other (specify) ▼		тот.оо	Weekly)
Full Name (Last, First, Middle Initial)			
Dr. John R. Combes, M.D.			Date of Receipt
Mailing Address 1610 Tahiti Court			M " M / D " D / Y " Y " Y " Y
City	State	Zip Code	Turner tion ID DD200000010101
Gulf Breeze	State FL	21p Code 32563-4937	Transaction ID: PR328006019191  Amount of Each Receipt this Period
FEC ID number of contributing		32300 <del>1</del> 307	
federal political committee.	C		100.00
Name of Employer	Occuration		
Name of Employer American Hospital Associa-	Occupation	ո nter for Healthcare Governa	nge
tion-Chicago Receipt For:		Year-to-Date ▼	
Primary General	33 3		P/R Deduction (\$50.00 Bi-
Other (specify)		350.00	Weekly)
			<u> </u>
CURTOTAL of Desirate Title Day (1911)			266.98
SUBTOTAL of Receipts This Page (optional)		<u> </u>	
TOTAL This Period (last page this line number on	ly)		

SCHEDL	JLE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 42/92	
	D RECEIPTS		or each category of the	(check only one)	
<u>-</u> 1411 <i>-</i> -	D ILOUIN IO		Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17	
Any informati	on conied from such Reports and Stat	ements may	y not be sold or used by any perso	n for the purpose of soliciting contributions	
or for comme	ercial purposes, other than using the na	ame and add	dress of any political committee to	solicit contributions from such committee.	
NAME OI	COMMITTEE (In Full)				
> America	n Hospital Association PAC				
/ F.JINI-	/Lock First Middle to 92-10				
_	e (Last, First, Middle Initial) d J Umbdenstock			Date of Receipt	
Mailing A				M M / D D / Y Y Y Y	
	Suite 700				
City		State	Zip Code	Transaction ID: PR328132819191	
<u>Washin</u>	gton	DC	20004-2818	Amount of Each Receipt this Period	
	umber of contributing	С		90.00	
federal po	litical committee.				
Name of I	Employer Hospital Associa-	Occupation	ı		
tion-Was	ningt	President	•		
Receipt F		Aggregate	e Year-to-Date ▼		
Prin			495.00	P/R Deduction (\$45.00 Bi- Weekly)	
Out	er (specify) ▼	0 0		(Veckly)	
Full Name	(Last, First, Middle Initial)				
	ra Lorsbach			Date of Receipt	
Mailing A	ddress 204 South 7th Avenue			M M / D D / Y Y Y Y	
City		Ctata	7in Cada	DD0040040404	
City La Gran	90	State IL	Zip Code 60525-6406	Transaction ID: PR328136919191	
	<del>-</del>	IL.	60323-6406	Amount of Each Receipt this Period	
	umber of contributing litical committee.	C		100.00	
Name of I American	Employer Hospital Associa-	Occupation			
tion-Chica Receipt F		!	President, Member Relations  • Year-to-Date ▼		
	nary General	riggrogato		P/R Deduction (\$50.00 Bi-	
Oth	er (specify) ▼	1	350.00	Weekly)	
_	e (Last, First, Middle Initial)			Date of Respire	
	D. Bentley, Ph.D. ddress 13106 Vingle Lane			Date of Receipt	
waiiig A	13100 VIIIgie Laile			W W / D D / 1 - 1 - 1 - 1	
City		State	Zip Code	Transaction ID: PR328224919191	
Silver S	pring	MD	20906	Amount of Each Receipt this Period	
	umber of contributing	С		100.00	
federal po	litical committee.				
Name of I	Employer Hospital Associa-	Occupation	า		
American tion-Was	nospitai Associa- ningt	Sr. Vice I			
Receipt F		Aggregate	e Year-to-Date ▼		
	nary General		350.00	P/R Deduction (\$50.00 Bi- Weekly)	
Oth	er (specify) 🔻	0 0		Weekly)	
SUBTOTAL	SUBTOTAL of Receipts This Page (optional)				
			·		
TOTAL Thi	s Period (last page this line number on	ly)	<b>&gt;</b>		

	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	(check only one)
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
An or	y information copied from such Reports and Stat for commercial purposes, other than using the na	ements may ame and add	not be sold or used by any person dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\setminus$	NAME OF COMMITTEE (In Full) American Hospital Association PAC			
⁄— А.	Full Name (Last, First, Middle Initial) Mr. Ronald O. Purcell			Date of Receipt
	Mailing Address 1093 N. Faldo Way			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR328241419191
	Eagle	ID	83616-5369	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		55.56
	Name of Employer American Hospital Associa- tion-Chicago	Occupation Regional	n Executive	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 361.14	P/R Deduction (\$27.78 Bi- Weekly)
В.	Full Name (Last, First, Middle Initial) Mr. Richard J. Pollack			Date of Receipt
	Mailing Address 325 Seventh Street, NW Suite 700			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR328260919191
	Washington	DC	20004-2818	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		80.00
	Name of Employer American Hospital Associa- tion-Washingt	Occupation Executive	n e Vice President	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		520.00	P/R Deduction (\$40.00 Bi- Weekly)
<u> </u>	Full Name (Last, First, Middle Initial) Mr. Richard H. Wade			Date of Receipt
	Mailing Address 1221 Cavalier Road			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR328310419191
	Arnold	MD	21012-2126	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer American Hospital Associa- tion-Washingt		President, Communications	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		350.00	P/R Deduction (\$50.00 Bi- Weekly)
S	UBTOTAL of Receipts This Page (optional)		<b>.</b>	235.56
Н	OTAL This Period (last page this line number on			

S	CHEDULE A (FEC Form 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 44/92
IT	EMIZED RECEIPTS	or each category of the	(check only one)
••	LWIZED REGEII 10	Detailed Summary Page	X   11a   11b   11c   12   13   14   15   16   17
Aı	ny information copied from such Reports and Statements	may not be sold or used by any persor	n for the purpose of soliciting contributions
or	for commercial purposes, other than using the name and	l address of any political committee to	solicit contributions from such committee.
$\setminus$	NAME OF COMMITTEE (In Full)		
$\angle$	American Hospital Association PAC		
Α.	Full Name (Last, First, Middle Initial) Mr. Stephen M. Ahnen		Date of Receipt
	Mailing Address 1001 N. Potomac St.		M M / D D / Y Y Y Y
	City State	e Zip Code	Transaction ID: PR328312719191
	Arlington VA	22205-1629	Amount of Each Receipt this Period
	EEO ID acceptance for a stable of an		
	FEC ID number of contributing federal political committee.		100.00
	Name of Employer American Hospital Associa-		
	tion-Washingt Seriic	r Vice President	_
	Receipt For: Aggre	gate Year-to-Date ▼	D/D D
	Other (specify) ▼	350.00	P/R Deduction (\$50.00 Bi- Weekly)
— В.	Full Name (Last, First, Middle Initial) Ms. Lori M. Schor		Data of Dessirt
Ь.			Date of Receipt
	Mailing Address 325 Seventh Street, NW Suite 700		M M / D D / Y Y Y
	City State	e Zip Code	Transaction ID: PR328341819191
	Washington DC	20004-2818	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		80.00
	Name of Employer American Hospital Associa-	ation	1
	American Hospital Associa- tion-Washingt Direc	tor, Political Action & Grassroot	
		gate Year-to-Date 🔻	
	Primary General	520.00	P/R Deduction (\$40.00 Bi-
	Other (specify) ▼	320.00	Weekly)
<u>с.</u>	Full Name (Last, First, Middle Initial) Ms. Carolyn Forcina		Date of Receipt
	Mailing Address 200 Clover Hill Court		M M / D D / Y Y Y Y
	City State	e Zip Code	Transaction ID: PR328511819191
	Yardley PA	19067-5736	Amount of Each Receipt this Period
	FEC ID number of contributing		95.20
	federal political committee.		35.25
	Name of Employer American Hospital Associa-  Occup		
	tion-Chicago Regio	onal Executive	-
	Receipt For: Aggre	gate Year-to-Date ▼	D/D D
	Other (specify)	618.80	P/R Deduction (\$47.60 Bi- Weekly)
_			
s	SUBTOTAL of Receipts This Page (optional)	<b>&gt;</b>	275.20
	OTAL This Period (last page this line number only)	<b>&gt;</b>	

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 45/92
ıT	EMIZED RECEIPTS		or each category of the	(check only one)
	EINIZED RECEIP 13		Detailed Summary Page	X 11a 11b 11c 12
				13 14 15 16 17
An	y information copied from such Reports and Stat	ements may	y not be sold or used by any person	n for the purpose of soliciting contributions
or	for commercial purposes, other than using the na	ame and add	dress of any political committee to	solicit contributions from such committee.
/	NAME OF COMMITTEE (In Full)			
$\rangle$	American Hospital Association PAC			
<u>/_</u>	•			
_	Full Name (Last, First, Middle Initial)			
۹.	Ms. Alicia N. Mitchell			Date of Receipt
	Mailing Address 909 N. Madison St.			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR328512019191
	Arlington	VA	22205-1655	Amount of Each Receipt this Period
	FEC ID number of contributing			40.00
	federal political committee.	C		40.00
	Name of European	0 1' -	_	4
	Name of Employer American Hospital Associa-	Occupation		
	tion-Washingt		sident, Media Relations	4
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General	' '	260.00	P/R Deduction (\$20.00 Bi- Weekly)
	Other (specify)			vveekiy)
3.	Full Name (Last, First, Middle Initial) Ms. Robyn Cooke			Date of Receipt
٥.				<b>−</b>
	Mailing Address 325 Seventh Street, NW Suite 700			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR329084419191
	Washington	DC	'	
	wasnington	ЪС	20004-2818	Amount of Each Receipt this Period
	FEC ID number of contributing	C		43.48
	federal political committee.			
	Name of Employer	Occupation	n	1
	Name of Employer American Hospital Associa- tion-Washingt	Senior A	ssociate Director Executive B	r
	Receipt For:	Aggregate	e Year-to-Date ▼	1
	Primary General	33 - 3		P/R Deduction (\$21.74 Bi-
	Other (specify)		217.40	Weekly)
	Full Name (Last, First, Middle Initial)			
Э.	Mr. W. Thomas Deweese			Date of Receipt
	Mailing Address 500 Interstate Boulevard	South		M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR329215719191
	Nashville	<u>TN</u>	37210-4634	Amount of Each Receipt this Period
	FEC ID number of contributing	С		100.00
	federal political committee.			100.00
	Name of Employer	Occupation	n	4
	Name of Employer American Hospital Associa-		Executive	
	tion-Chicago Receipt For:		e Year-to-Date ▼	-
	Primary General	Aggregate	e real-lo-Dale 🔻	B/D D
	Other (specify)	' '	350.00	P/R Deduction (\$50.00 Bi- Weekly)
	Carlot (opcony) 🔻	0 0	0 0 0 0 0 0 0	1.55,
S	UBTOTAL of Receipts This Page (optional)		<b>k</b>	183.48
_	DETOTAL OF HOSOIPLE THIS Fage (optional)		······	
T	OTAL This Period (last page this line number on	ly)	<b>&gt;</b>	

			FOR LINE NUMBER: PAGE 46 / 92
SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	(check only one)
ITEMIZED RECEIPTS		or each category of the	
II LIMIZED IILOLII 13		Detailed Summary Page	X 11a 11b 11c 12
			13 14 15 16 17
Any information copied from such Reports and Sta	atements may	y not be sold or used by any perso	n for the purpose of soliciting contributions
or for commercial purposes, other than using the r	name and add	dress of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full)			
American Hospital Association PAC			
/			
Full Name (Last, First, Middle Initial)			
A. Mr. Paul N. Muraca			Date of Receipt
Mailing Address 4960 138th Circle West			M M / D D / Y Y Y Y
City	State	Zip Code	Transaction ID: PR330475419191
Apple Valley	MN	55124-9229	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		80.00
rederal political committee.			
Name of Employer American Hospital Associa-	Occupatio	n	7
American Hospital Associa- tion-Chicago	Regional	Executive	
Receipt For:		e Year-to-Date ▼	
Primary General	33 - 3		P/P Doduction (\$40.00 Pi
Other (specify) ▼		520.00	P/R Deduction (\$40.00 Bi- Weekly)
		0 0 0 0 0 0 0	1
Full Name (Last, First, Middle Initial)			
3. Ms. Eileen O'Keefe			Date of Receipt
Mailing Address One North Franklin			M M / D D / Y Y Y Y
Maining Address One North Franklin			
City	State	Zip Code	Transaction ID: PR330549219191
Chicago	IL	60606-3436	Amount of Each Receipt this Period
		00000 3430	Amount of Each Necelpt this Feriod
FEC ID number of contributing federal political committee.	C		40.00
rederal political committee.			
Name of Employer	Occupatio	n	7
Name of Employer American Hospital Associa-		sident, Member Relations	
tion-Chicago Receipt For:		e Year-to-Date ▼	-
Primary General	, iggi ogait	7 Toda to Bato V	D/D D = du = ti = = (\$000.00 D;
Other (specify)		260.00	P/R Deduction (\$20.00 Bi- Weekly)
Other (specify)	0 0	0 0 0 0 0 0 0	Trockly)
Full Name (Lept First Middle Initial)			+
Full Name (Last, First, Middle Initial)  Mr. Walter J. Reiter			Date of Receipt
Mailing Address 325 Seventh Street, NW	,		M M / D D / Y Y Y Y
Suite 700	1		
City	State	Zip Code	Transaction ID: PR330776119191
Washington	DC	20004-2818	Amount of Each Receipt this Period
•		20004 2010	Amount of Each Necelpt this Feriod
FEC ID number of contributing federal political committee.	C		43.48
rederal political committee.			
Name of Employer American Hospital Associa-	Occupatio	n	7
American Hospital Associa- tion-Washingt	V.P., Adv	vocacy & Member Communic	cations
Receipt For:		e Year-to-Date ▼	-
Primary General	1.99.194		D/P Doduction (\$21.74 Pi
Other (specify)		282.62	P/R Deduction (\$21.74 Bi- Weekly)
	1	0 0 0 0 0 0 0 0	·   · · · · · · · · · · · · · · · · · ·
L			
SUBTOTAL of Receipts This Page (optional)			163.48
ago (apilolia)		······································	
TOTAL This Period (last page this line number o	nly)	<b>&gt;</b>	

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 47 / 92
ITEMIZED RECEIPTS			or each category of the	(check only one)
••			Detailed Summary Page	X   11a     11b     11c     12     15     16     17
Δn	y information copied from such Reports and St	atomonte may	y not be cold or used by any perso	
or	for commercial purposes, other than using the	name and add	dress of any political committee to	solicit contributions from such committee.
$\setminus$	NAME OF COMMITTEE (In Full)			
$\geq$	American Hospital Association PAC			
Α.	Full Name (Last, First, Middle Initial) Ms. Darlene S. Vanderbush			Date of Receipt
	Mailing Address 26 West Glendale Ave.			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR331304219191
	Alexandria	VA	22301-1101	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		38.48
	Name of Employer American Hospital Associa- tion-Washingt	Occupation Director A	n Advocacy and Public Policy	 Op
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		250.10	P/R Deduction (\$19.24 Bi-
	Other (specify)	0 0	0 0 0 0 0 0	Weekly)
В.	Full Name (Last, First, Middle Initial) Mr. Alexander R. White, Jr.			Date of Receipt
	Mailing Address PO Box 15587			M " M / D " D / Y " Y " Y " Y
	City	State	Zip Code	Transaction ID: PR331416019191
	Austin	TX	78761-5587	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		120.00
	Name of Employer American Hospital Associa-	Occupation		7
	tion		Executive	
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	D/D D I II (Acc co D)
	Other (specify) ▼		777.69	P/R Deduction (\$60.00 Bi- Weekly)
<u> </u>	Full Name (Last, First, Middle Initial) Mr. Donald May	<u> </u>		Date of Receipt
	Mailing Address 521 Great Falls Street			M · M / D · D / Y · Y · Y · Y
	City	State	Zip Code	Transaction ID: PR331533219191
	Falls Church	VA	22046-2613	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	C		80.00
	Name of Employer American Hospital Associa-	Occupation		
	tion-Washingt		sident, Policy	
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	D/D D- 40-45 - 1/040 00 D
	Other (specify)		520.00	P/R Deduction (\$40.00 Bi- Weekly)
				238.48
S	UBTOTAL of Receipts This Page (optional)		······	200.70
Т (	OTAL This Period (last page this line number of	only)	<b>)</b>	

PAGE 48/92 FOR LINE NUMBER: Use separate schedule(s) (check only one) or each category of the **ITEMIZED RECEIPTS** 11a 11b 11c **Detailed Summary Page** 13 14 16 17 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Hospital Association PAC Full Name (Last, First, Middle Initial) Date of Receipt Ms. Elizabeth Summy Mailing Address One North Franklin City State Zip Code Transaction ID: PR346168119191 Chicago IL 60606-3436 Amount of Each Receipt this Period FEC ID number of contributing C 41.66 federal political committee. Name of Employer American Hospital Associa-tion-Chicago Occupation Executive Director, ASHRM Aggregate Year-to-Date ▼ Receipt For: General Primary P/R Deduction (\$20.83 Bi-229.13 Other (specify) Weekly) Full Name (Last, First, Middle Initial) B. Ms. Kristin Welsh Date of Receipt Mailing Address 325 Seventh Street, NW Suite 700 City State Zip Code Transaction ID: PR517619719191 Washington DC 20004-2818 Amount of Each Receipt this Period FEC ID number of contributing C 78.40 federal political committee. Name of Employer American Hospital Associa-tion-Washingt Occupation Senior Director Executive Branch Relat Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$39.20 Bi-490.40 Weekly) Other (specify)

SUBTOTAL of Receipts This Page (optional)	•	120.06
TOTAL This Period (last page this line number only)	<u> </u>	36596.86

2	CHEDIII E A (EEC Form 2V)			FOR LINE NUMBER: PAGE 49/92
	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	(check only one)
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	☐ 11a ☐ 11b ☐ 11c ☐ 12
			Detailed Summary Fage	13 14 15 16 17
An	y information copied from such Reports and Stat	ements may	not be sold or used by any perso	n for the purpose of soliciting contributions
or	for commercial purposes, other than using the na	ame and add	dress of any political committee to	solicit contributions from such committee.
$\overline{}$	NAME OF COMMITTEE (In Full)			
$\rangle$	American Hospital Association PAC			
۹.	Full Name (Last, First, Middle Initial) California Healthcare Association PAC - Federal			Date of Receipt
	Mailing Address 1215 K Street			M M / D D / Y Y Y Y
	Suite 800			06 15 2007
	City	State	Zip Code	Transaction ID: 14249942
	Sacramento	CA	95814	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	<b>C</b> C00	0237495	25000.00
	Name of Employer	Occupation	n	
	Receipt For:	Aggregate	e Year-to-Date ▼	$\dashv$
	Primary General	riggrogate	Tour to Bate V	Contribution
	Other (specify) ▼	l	101000.00	Continuation
				1
3.	Full Name (Last, First, Middle Initial) New York Hospital & Healthcare Assoc. FED PAC			Date of Receipt
	Mailing Address One Empire Drive			M M / D D / Y Y Y Y
	01.	01-1-	7'- 0-4-	06 15 2007
	City	State	Zip Code	Transaction ID: 14249960
	Rensselaer	NY	12144	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	<b>C</b> C00	0160259	15000.00
	Name of Employer	Occupation	n	
	Receipt For:	L Aggregate	e Year-to-Date ▼	_
	Primary General		45000.00	Contribution
	Other (specify)	0 0	15000.00	
Э.	Full Name (Last, First, Middle Initial) Health Alliance of PA PAC - Federal			Date of Receipt
	Mailing Address Post Office Box 8600			M M / D D / Y Y Y Y
	Oth.	Otata	7:- Oada	06 14 2007
	City	State PA	Zip Code	Transaction ID: 14266160
	Harrisburg	PA	17105-8600	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	<b>C</b> C00	0128082	10000.00
	Name of Employer	Occupation	n	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		05000.00	
	Other (specify) ▼		35000.00	
	JBTOTAL of Receipts This Page (optional)			50000.00
<u>ی</u>	SDIVIAL OF RECEIPTS THIS FAGE (OPTIONAL)		······································	
T	OTAL This Period (last page this line number on	ly)	<b>&gt;</b>	50000.00

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 50 / 92 (check only one)  11a 11b 11c 12 13 14 15 16 17 17
Any information copied from such Reports and S or for commercial purposes, other than using the	tatements may not be sold or used by any personame and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full)  American Hospital Association PAC		
Full Name (Last, First, Middle Initial) Citibank, F.S.B. Mailing Address 1400 G Street, NW		Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Washington  FEC ID number of contributing federal political committee.	State Zip Code DC 20005	Transaction ID: 14346640  Amount of Each Receipt this Period  330.87
Name of Employer  Receipt For:  Primary General  Other (specify) ▼	Occupation  Aggregate Year-to-Date ▼  2057.32	Bank Interest

SUBTOTAL of Receipts This Page (optional)	<b>•</b>	330.87
TOTAL This Period (last page this line number only)	<b>•</b>	330.87

	CHEDULE B (FEC Form 3X)		erate schedule(s)		FOR L		NUMBE	R:			PAGE	E 51/	92
	EMIZED DISBURSEMENTS	Detailed	category of the Summary Page		X 21 27	b E	22 28a		23 28b		24 28c	25 29	26 30
	y Information copied from such Reports and Stater for commercial purposes, other than using the nam												ns
$\vdash$	NAME OF COMMITTEE (In Full)												
$ \rangle$	American Hospital Association PAC												
Α.	Full Name (Last, First, Middle Initial) American Express								-	: 143 emen	46632 t		
	Mailing Address Ste. 001						0 <sup>M</sup> 6	М	/ D	0 1	/ Y	ž 0 ŏ	7 <sup>Y</sup>
	City Chicago	State IL	Zip Code 60679				Amou	int o	f Eacl	n Disb	urseme		
	Purpose of Disbursement Merchant Service Fee				001	1			-		-	4.	50
	Candidate Name			C	ategory/ Type								
	Office Sought: House Disburs Senate President	ement For: Primary Other (spe	General				Merch	nant	Ser	vice F	-ee		
	State: District: Full Name (Last, First, Middle Initial)						Trans		an ID	. 1 10	46634		
В.	Merchant Bankcard						Date		-		t		Y
	Mailing Address 1601 Elm Street						0 6			0 4		ž 0 ŏ	7
	City Dallas	State TX	Zip Code 75201				Amou	int o	f Eacl	n Disb	urseme		
	Purpose of Disbursement Merchant Service Fee Candidate Name			C	001 ategory/ Type					•		80.	40
	Office Sought:  Senate President  State:  Disburs:	ement For: Primary Other (spe	General ecify) ▼		.,,,,		Merch	nant	Ser	vice F	-ee		
C.	Full Name (Last, First, Middle Initial) American Express									: 143 semen	46638 t		
	Mailing Address Ste. 001						0 <sup>M</sup> 6	М	/ D	0 5 0	/ Y	ž 0 ŏ :	7 <sup>Y</sup>
	City Chicago	State IL	Zip Code 60679				Amou	int o	f Eacl	n Disb	urseme	nt this	Period
	Purpose of Disbursement Merchant Service Fee			Г	001	7	L.	_	-		•	49.	41
	Candidate Name			C	ategory/ Type								
	Office Sought: House Disburs Senate President State: District:	ement For: Primary Other (spe	General ecify) ▼				Merch	nant	: Sen	vice F	ee		
٥	UBTOTAL of Disbursements This Page (optional)							•		-		134.	31
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S	CHEDULE B (FEC Form 3X)	Use sene	erate schedule(s)				NUMBE	R:			P/	GΕ	52 /	92	
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		Detailed S	Summary Page			1b	22	Ц	23	L	24	L	25		26
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	y Information copied from such Reports and Statem for commercial purposes, other than using the name													IS	
$\setminus$	NAME OF COMMITTEE (In Full)														
$\rangle$	American Hospital Association PAC														
	Full Name (Last, First, Middle Initial)						Trans	sact	ion ID	— ): 1	43466	 35			
Α.	Merchant Bankcard								isburs	sen	nent		, , ,	V	ı
	Mailing Address 1601 Elm Street						0 6			0 5	<u></u>	2	o ŏ	7	
	<i>y</i>	State TX	Zip Code 75201				Amou	ınt o	f Eacl	n D	Disburse	mer	t this	Peri	od
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В.	Full Name (Last, First, Middle Initial) Citibank, F.S.B.										43466	39			
	Cilibank, F.S.B.							_	isburs						ı
	Mailing Address 1400 G Street, NW						0 <sup>M</sup> 6	М	/ D	1 5	9 /	Ž	o ŏ	7 <sup>*</sup>	
		State DC	Zip Code 20005				Amou	ınt o	f Eacl	n D	Disburse	mer	t this	Peri	od
		DO	20003				+   -						47.	06	
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	Candidate Name				egory ype	//									
	Office Sought: House Disburse	ement For:					D!		_						
	Senate	Primary	General				Bank	ree	Ð						
	President	Other (spe	cify) 🔻												
	State: District:														

SUBTOTAL of Disbursements This Page (optional)	<u> </u>	150.81
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SCHEDULE B (FEC Form 3X)	Use seperate schedule(s)	FOR LINE	-	PAGE 53/92			
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only	one) 22 X 23 28a 28b	24 25 26 28c 29 30b			
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NAME OF COMMITTEE (In Full) American Hospital Association PAC							
Full Name (Last, First, Middle Initial)  4. Jerry Weller For Congress Inc.			Transaction ID: 1- Date of Disbursem	ent			
Mailing Address P.O. Box 2368			0 6 0 4	2007			
City Joliet	State Zip Code IL 60434		Amount of Each D	isbursement this Period			
Purpose of Disbursement Contribution		011		1000.00			
Candidate Name Rep. Gerald C. Weller		Category/ Type					
Office Sought:  X House  Senate  President  State: IL  District: 11	rsement For: 2008  X Primary General  Other (specify) ▼		Contribution				
Full Name (Last, First, Middle Initial)  Friends Of Jim Saxton			Transaction ID: 1-				
Mailing Address PO Box 795			06 0 4				
City Mount Holly	State Zip Code NJ 08060		Amount of Each D	isbursement this Period			
Purpose of Disbursement Contribution		011		2500.00			
Candidate Name Rep. James Saxton		Category/ Type					
Senate President	rsement For: 2008  X Primary General  Other (specify) ▼		Contribution				
State: NJ District: 3  Full Name (Last, First, Middle Initial)			Transaction ID: 1				
Citizens For Tom Petri			Date of Disbursem	ent			
Mailing Address P.O. Box 270			0 6 0 4	2 0 0 7			
City Fond Du Lac	State Zip Code WI 54936		Amount of Each D	isbursement this Period			
Purpose of Disbursement Contribution		011		250.00			
Candidate Name Rep. Thomas E. Petri		Category/ Type					
Office Sought: X House Disbu Senate President State: WI District: 6	rsement For: 2008  X Primary General  Other (specify) ▼		Contribution				
SUBTOTAL of Disbursements This Page (optional	al)	<b>&gt;</b>		3750.00			
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	y Information copied from such Reports and State												
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$ \rangle$	NAME OF COMMITTEE (In Full) American Hospital Association PAC												
L	American riospital Association r Ao												
Α.	Full Name (Last, First, Middle Initial)										238792	2	
Α.	Graves For Congress							of Di	isburs		nt	V V	V
	Mailing Address 2345 Grand Suite 2400						0 6		໌ _ ັ ເ	) <sup>D</sup>	Ĺ	ž 0 ŏ	7
	City	State Zip Code					Amou	int o	f Each	Disk	oursem	ent this	Period
	Kansas City	MO 64108							-	-	-	2500.	00
	Purpose of Disbursement Contribution			0	11	1		-	-		•	2000.	.00
	Candidate Name			_	egory/	-							
	Rep. Samuel B. Graves, Jr.			T	уре								
	X	ement For: 2008  C Primary General  Other (specify)					Contr	ibut	ion				
	State: MO District: 6	Other (specify)											
_	Full Name (Last, First, Middle Initial)						Trans	acti	on ID	. 142	238789	)	
В.	Judd Gregg Committee								isburs			,	
	Mailing Address PO Box 1812						0 <sup>M</sup> 6	М	<sup>/</sup> DC	) <sup>D</sup>	/ Y	ž 0 ŏ	7 <sup>Y</sup>
	City Concord	State Zip Code NH 03302					Amou	ınt o	f Each	n Disk	oursem	ent this	Period
	Purpose of Disbursement 2010 Contribution			0	11	7	L.					1000	.00
	Candidate Name		-	_	egory/	-							
	Sen. Judd Gregg				уре								
		sement For: 2010					2010	Cor	ntribu	tion			
	X Senate President	C Primary General Other (specify) ▼											
	State: NH District: 1	(											
C.	Full Name (Last, First, Middle Initial) Hayes For Congress								on ID		238795 nt	5	
							M	М	/ D	D	/ Y	ž 0 ŏ	7 Y
	Mailing Address Post Office Box 2000						0 6			) 4	<u> </u>	200	
	City Concord	State Zip Code NC 28026					Amou	int o	f Each	n Dist	oursem	ent this	
	Purpose of Disbursement Contribution			0	11	7		-				2000	.00
	Candidate Name Rep. Robin C. Hayes		Ca	at	egory/ ype	_							
		ement For: 2008  C Primary General	<u> </u>		71		Contr	ibut	ion				
	President State: NC District: 8	Other (specify) ▼											
٠	-											5500.	00
$\vdash$	UBTOTAL of Disbursements This Page (optional)				•	<u> </u>	<u> </u>	-	-		•		
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	y Information copied from such Reports and Stat											s
or	for commercial purposes, other than using the na	me and address of any politica	l com	nm	ittee to s	olicit conti	ribut	ions fr	om sı	uch com	ımıttee	
$ \rangle$	NAME OF COMMITTEE (In Full) American Hospital Association PAC											
	American Hospital Association PAC											
Α.	Full Name (Last, First, Middle Initial)							-		38788		
Λ.	Hawkeye PAC						of D м	isburs			y y	Y
	Mailing Address P.O.Box 7255					0 6			) <sup>D</sup>		žoŏī	7
	City	State Zip Code				Amou	ınt o	f Each	n Disb	urseme	nt this I	Period
	Des Moines Purpose of Disbursement	IA 50309				-					5000.	00
	2007 Contribution			0	11		-				,	
	Candidate Name				egory/ vpe							
	Office Sought: House Disbut Senate President	sement For: Primary General Other (specify)				2007	Co	ntribu	tion			
	State: District:	Other (speedily)										
_	Full Name (Last, First, Middle Initial)					Trans	sact	ion ID:	: 142	38791		
В.	Friends Of Phil Hare					Date		isburs		t	YYY	Y
	Mailing Address P.O. Box 4183					0 6			) 4		žoŏ	7
	City Rock Island	State Zip Code IL 61202				Amou	ınt o	f Each	n Disb	urseme	nt this I	Period
	Purpose of Disbursement Contribution			0	11	] L.					1000.	00
	Candidate Name Mr. Philip Hare				egory/ /pe							
	9 2	sement For: 2008  X Primary General  Other (specify)	•			Contr	ibu	tion				
	State: IL District: 17											
C.	Full Name (Last, First, Middle Initial) Pascrell For Congress Inc.							ion ID:		44471 t		
	Mailing Address P.O. Box 640					0 <sup>M</sup> 6	М	/ DC	5	/ Y	Ý 0 Ŏ 7	7 <sup>Y</sup>
	City Totowa	State Zip Code NJ 07511				Amou	ınt o	f Each	n Disb	urseme	nt this	Period
	Purpose of Disbursement Contribution			0	11	] L.		-			1000.	00
	Candidate Name Rep. William J. Pascrell, Jr.		Ca	ate	egory/ vpe							
	Office Sought: X House Disbut Senate President	sement For: 2008  X Primary General Other (specify)	I			Contr	ibut	tion				
	State: NJ District: 8											
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SCIEDOLL B (I LOI OIIII 3X)	Use seperate schedule(s)	(check on	: NUMBER: lv one)	L	PAGE	56 / 92	
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 27	22 X 28a		4 8c	25 29	26 30b
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<ul> <li>NAME OF COMMITTEE (In Full)</li> </ul>	and address of any political co	minintee to S	JIIGIL GOITLITIDU	UUIIS IIUIII SU	JII COIIIII	illee	
American Hospital Association PAC							
Full Name (Last, First, Middle Initial)			Transac	tion ID: 1424	4479		
Abercrombie For Congress				Disbursement	V V		
Mailing Address C/O 1357 Kapiolani Blvc	. Ste. 1005		0 6	05	2	0 0̈́ 7 Š	
City	State Zip Code		Amount	of Each Disbu	rsement	this Pe	riod
Honolulu Purpose of Disbursement	HI 96814		-		2	300.00	)
Contribution		011					
Candidate Name Rep. Neil Abercrombie		Category/ Type					
Senate X President	ment For: 2008 Primary General Other (specify)		Contribu	ıtion			
State: HI District: 1							
Full Name (Last, First, Middle Initial)  Mary Bono Committee				t <b>ion ID:</b> 1424 Disbursement	4470		
			M M M	/ D D /	YYY	0 0 7	7
Mailing Address P.O. Box 3370							
City Palm Springs	State Zip Code CA 92263		Amount	of Each Disbu	rsement	this Pe	riod
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Contribution		011					
Candidate Name Rep. Mary Bono		Category/ Type					
Senate X President	ment For: 2008 Primary General Other (specify)		Contribu	ıtion			
State: CA District: 45							
Full Name (Last, First, Middle Initial)  Pete King For Congress Committee				tion ID: 1424 Disbursement	4477		
Mailing Address Post Office Box 1428			06	05	y y 2	0 0̈́ 7 Š	
City Seaford	State Zip Code NY 11783		Amount	of Each Disbu	rsement	this Pe	riod
Purpose of Disbursement Contribution		011	<u> </u>		. 1	000.00	)
Candidate Name Rep. Peter T. King		Category/					
Office Sought: X House Disburse	ment For: 2008 Primary General Other (specify)	Туре	Contribu	ution			
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	y Information copied from such Reports and Stater													
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$ \rangle$	NAME OF COMMITTEE (In Full) American Hospital Association PAC													
$\angle$	American Hospital Association 1 Ao													
^	Full Name (Last, First, Middle Initial)											244478	8	
Α.	Pete King For Congress Committee								_	isburse		nt		V
	Mailing Address Post Office Box 1428							0 <sup>M</sup> 6	M	<u></u>	5	/ L	žoŏ	7 1
	City	State Zip C						Amou	nt o	f Each	Disk	oursem	ent this	Period
	Seaford	NY 117	'83									-	2000	00
	Purpose of Disbursement Contribution				'n	11		-			-	_	2000	7.00
	Candidate Name					gory/								
	Rep. Peter T. King					pe ,								
	X		2008					Contri	ibut	ion				
	Senate X President	Other (specify)	General											
	State: NY District: 3	_ Guior (openity)	•											
_	Full Name (Last, First, Middle Initial)							Trans	acti	on ID:	: 142	24447;	3	
В.	Bennett Election Committee Inc								_	isburs		nt		
	Mailing Address 175 South West Temple	Suite 650						0 <sup>M</sup> 6	M	0	5	/ Y	žoŏ	7
	City	State Zip C						Amou	nt o	f Each	Disk	oursem	ent this	Period
	Salt Lake City	UT 841	01										500	00
	Purpose of Disbursement 2010 Contribution				n	11		-	-				300	7.00
	Candidate Name				-	gory/								
	Sen. Robert F. Bennett				Ту	ре								
	, H	ement For: Primary	2010 General					2010	Cor	ntribu	tion			
	X Senate X	Other (specify)												
	State: UT District: 2	(-p <b>)</b> /	•											
C.	Full Name (Last, First, Middle Initial) Walter Jones Committee 2006									on ID:		244460	6	
	T							М	M		5	/ Y	ž 0 ŏ	7 Y
	Mailing Address PO Box 99667							0 6						
	City Raleigh	State Zip C NC 276	Code 324					Amou	nt o	Each	Disk	oursem	ent this	Period
	Purpose of Disbursement Contribution				0	11			_	-			4000	0.00
	Candidate Name Rep. Walter B. Jones, Jr.			Са	ate	gory/ pe								
		ement For:	<u> </u> 2008		. у	PC	$\dashv$							
		Primary	General				'	Contr	ibut	ion				
	President	Other (specify)	▼											
_	State: NC District: 3													
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IT	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	ļĖ	21	b [	22 28a	Х	23 28b	П	24 28c	$\square$	25 29	26 30t
	y Information copied from such Reports and State												;
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$ \rangle$	NAME OF COMMITTEE (In Full)												
$\angle$	American Hospital Association PAC												
Α.	Full Name (Last, First, Middle Initial)									24446	86		
۸.	Walter Jones Committee 2006					М	of D	sburs		nt / Y	Υ	Υ	Υ
	Mailing Address PO Box 99667					0 6		(	5 5	L	2 (	) ŏ 7	
	City	State Zip Code				Amou	ınt o	f Each	n Dis	burser	ment i	this P	eriod
	Raleigh Purpose of Disbursement	NC 27624									10	0.00	00
	Contribution		0	11.			-				_		
	Candidate Name Rep. Walter B. Jones, Jr.	C		egory ype	/								
	Senate President	ement For: 2008 Primary X General Other (specify) ▼				Contr	ibut	ion					
	State: NC District: 3  Full Name (Last, First, Middle Initial)												
В.	Crowley For Congress					Date	of D	sburs	eme	24446 nt			
	Mailing Address 84-56 Grand Avenue					0 6	М	<sup>′</sup>	5 5	/ [ ]	ž (	) Ď 7	Y
	City Elmhurst	State Zip Code NY 11373				Amou	ınt o	f Each	n Dis	burser			
	Purpose of Disbursement Contribution		0	11		L.		•			25	500.0	0
	Candidate Name Rep. Joseph Crowley			egory ype	/								
	Senate President	ement For: 2008  Primary General  Other (specify)				Contr	ibut	ion					
	State: NY District: 7  Full Name (Last, First, Middle Initial)												
C.	Nadler For Congress					Date	of D	sburs	eme	24447 nt	_		
	Mailing Address Village Station PO Box	40				0 <sup>M</sup> 6	М	<sup>′</sup>	05	/ L	ź (	) Ď 7	
	City New York	State Zip Code NY 10014				Amou	ınt o	f Each	n Dis	burser	ment t	this P	eriod
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	Candidate Name Rep. Jerrold L. Nadler	C	Cat	egory ype									
		ement For: 2008  ( Primary General Other (specify)		•		Contr	ibut	ion					
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NAME OF COMMITTEE (In Full)	and address of any political co	Jillillillee lo	SOIICIL COITLI	ibulions noi	II SUCII CO	Jillillillee	
American Hospital Association PAC							
Full Name (Last, First, Middle Initial)				action ID:	-	67	
Diane E Watson For Congress				of Disburser		YY	Υ
Mailing Address 601 S Glenoaks BI #211			0 6	M / D 9	5	ž 0 ŏ 7	
	State Zip Code CA 91502		Amou	nt of Each [	Disburser	nent this F	eriod
Purpose of Disbursement	CA 91502					2000.0	00
Contribution		011					
Candidate Name Rep. Diane E. Watson		Category/ Type					
Senate X President	ment For: 2008 Primary General Other (specify)		Contri	bution			
State: CA District: 33  Full Name (Last, First, Middle Initial)			_				
3. Candice Miller For Congress			Date o	action ID: 1 of Disburser	ment		V
Mailing Address PO Box 182152			0 6	M / D 0 !	5 / _ 1	ž 0 ŏ 7	
•	State Zip Code MI 48318		Amou	nt of Each [	Disburser		-
Purpose of Disbursement Contribution		011				1000.0	00
Candidate Name Rep. Candice S. Miller		Category/ Type					
X III	ment For: 2008 Primary General Other (specify)		Contri	bution			
Full Name (Last, First, Middle Initial)			Trans	action ID: 1	1424446	 32	
Nebraska Leadership PAC (NELPAC)				of Disburser	ment		
Mailing Address P.O. Box 540186			0 6	M / D 0 !	5 / Y	ž 0 ŏ 7	Y
,	State Zip Code NE 68154		Amou	nt of Each [	Disburser	ment this F	Period
Purpose of Disbursement 2007 Contribution		011	<u> </u>			5000.0	00
Candidate Name	-	Category/ Type					
Office Sought: House Disburse Senate President State: District:	ment For: Primary General Other (specify)		2007	Contribution	on		
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for commercial purposes, other than using the na		- 1		27	28a	H	28b	$\Box$	24 28c	25 29	26 30b
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	me and address of any politica	ı com	ımı	ittee to soi	icit conti	ributi	ons tr	om su	icn com	ımıttee	
NAME OF COMMITTEE (In Full)  American Hospital Association PAC											
Full Name (Last, First, Middle Initial)					Trans	acti	on ID	: 142	44469		
Committee To Elect Hank Johnson						of Di	sburs			V	V
Mailing Address 5240 Snapfinger Park	Dr Ste 140				0 6		<u></u>	5	L.	žoŏ7	7
City Decatur	State Zip Code GA 30035				Amou	ınt of	f Each	Disb	urseme	nt this I	Period
Purpose of Disbursement	<u> </u>		_	-						5000.	00
Contribution			01	11							
Candidate Name Hank Johnson				egory/ vpe							
Senate President	sement For: 2008  X Primary General  Other (specify)				Contr	ibut	ion				
State: GA District: 4  Full Name (Last, First, Middle Initial)											
Patrick Murphy For Congress					Date	of Di	sburs	ement			V
Mailing Address P.O. Box 868					0 <sup>M</sup> 6	М	<sup>′</sup> □ C	5	Y	žoŏī	7 1
City Levittown	State Zip Code PA 19058				Amou	int of	f Each	Disb	urseme	nt this I	
Purpose of Disbursement Contribution			01	11						1000.	00
Candidate Name Rep. Patrick Murphy				egory/ /pe							
Senate President	sement For: 2008  X Primary General Other (specify)				Contr	ibut	ion				
State: PA District: 8  Full Name (Last, First, Middle Initial)								4.40	4.4500		
Keep Nick Rahall In Congress Committee	е				Date	of Di	sburs	ement			
Mailing Address P O Box 64					0 <sup>M</sup> 6	М	<b>1</b>	1	Y	ž 0 ŏ 7	7 <sup>Y</sup>
City Beckley	State Zip Code WV 25802				Amou	ınt ol	f Each	Disb	urseme	nt this I	Period
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Candidate Name Rep. Nick J. Rahall, II		Ca	ate	egory/							
	sement For: 2008  X Primary General Other (specify)	l	,		Contr	ibut	ion				
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American Hospital Association PAC										
Full Name (Last, First, Middle Initial)  4. Committee To Re-Elect Loretta Sanchez			D	ate of D	isburse				v	
Mailing Address 1212 S Victory BI Suite 211			(	M 6 M	1	1 /	2	0 ŏ 7		
	State Zip Code CA 91502		Aı	mount c	of Each	Disburse				
Purpose of Disbursement Contribution		011	]   [				2	0.000	U .	
Candidate Name Rep. Loretta Sanchez		Category/ Type								
X	ment For: 2008 Primary General Other (specify)		Co	ontribu	tion					
Full Name (Last, First, Middle Initial)			T	ancaat	ion ID:	142445				_
Spratt For Congress Committee			D:	ate of D	isburse	ement		Y _	Υ	
Mailing Address PO Box 830				0 6		1	^	0 ŏ 7		
	State Zip Code SC 29745		A	mount c	of Each	Disburse				
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Candidate Name Rep. John M. Spratt, Jr.		Category/ Type								
President	nent For: 2008 Primary General Other (specify)		Co	ontribu	tion					
State: SC District: 5										_
Full Name (Last, First, Middle Initial) Ciro D. Rodriguez for Congress					ion ID: isburse				V.	
Mailing Address 363 W Harding				0 6		1 /	2	0 ŏ 7		
,	State Zip Code TX 78221		Aı	mount c	of Each	Disburse	-		-	Ī
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Candidate Name Rep. Ciro D. Rodriguez		Category/ Type								
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American Hospital Association PAC										
Full Name (Last, First, Middle Initial)				Tran	sacti	on ID:	142445	534		
Jim Ramstad Volunteer Committee						isburse		v v	· V	V
Mailing Address 1809 Plymouth Road Son	uth #310			0 6	; <sup></sup>	1	<b>1</b> /	2	0 Ď 7	
	State Zip Code MN 55305			Amo	unt o	f Each	Disburs	ement	this P	eriod
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Candidate Name Rep. Jim M. Ramstad			egory/ ype							
X	ment For: 2008 Primary General Other (specify)			Cont	ribut	ion				
State: MN District: 3	Care (epeciny)									
Full Name (Last, First, Middle Initial)				1			142445	512		
Gitizens For John Olver For Congress				Date	of D	isburse	ement	v · v	· V	V
Mailing Address P.O. Box 819 PO Box 819				0 6			1 / [	Ż	0 Ď 7	
,	State Zip Code MA 01004			Amo	unt o	f Each	Disburse	ement	this P	eriod
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Rep. John W. Olver			уре							
Senate X President	ment For: 2008 Primary General Other (specify)			Cont	ribut	ion				
State: MA District: 1										
Full Name (Last, First, Middle Initial) Upton For All Of Us				_		on ID: isburse	142445 ement	529		
Mailing Address P.O. Box 490				0 6	M	<b>1</b>	1 /	ž	0 ŏ 7	Y
,	State Zip Code MI 49085			Amo	unt o	f Each	Disburse	ement	this P	eriod
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Candidate Name Rep. Fred Upton		Cate	egory/ ype							
Office Sought: X House Disburse Senate X	ment For: 2008 Primary General		уре	Cont	ribut	ion				
President State: MI District: 6	Other (specify) ▼									
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$ \rangle$	NAME OF COMMITTEE (In Full)											
Z	American Hospital Association PAC											
Α.	Full Name (Last, First, Middle Initial)							-		14515		
۸.	Hoosiers for Hill						_	isburs	ement		YY	Y
	Mailing Address PO Box 1071					0 6		1	1	2	ž o ŏ 7	7
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	Mr. Baron Hill	sement For: 2008		T <sub>!</sub>	/pe							
	X	X Primary General				Contr	ibut	tion				
	President	Other (specify)										
_	State: IN District: 9											
В.	Full Name (Last, First, Middle Initial)  John Lewis For Congress							i <mark>on ID</mark> : isburs		14523		
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	Mailing Address 2015 Wallace Rd.					0 6			1	2	200	/
	City Atlanta	State Zip Code GA 30331				Amou	ınt o	f Each	Disbu	ırsemei	nt this I	Period
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	Candidate Name Rep. John Lewis				egory/							
		sement For: 2008		1 !	/pe							
	- <u>-</u> -	X Primary General				Contr	ibut	tion				
	President	Other (specify)										
	State: GA District: 5 Full Name (Last, First, Middle Initial)								4.40			
C.	Mary Bono Committee							i <b>on ID</b> : isburs		14542		
	Mailing Address P.O. Box 3370					о <sup>м</sup> 6	М	/ D	D /	Y	ž 0 0 7	7 <sup>Y</sup>
	Mailing Address P.O. Box 3370					0.0			•		_ 0 0 1	
	City Palm Springs	State Zip Code CA 92263				Amou	ınt o	f Each	Disbu	ırsemei	nt this I	Period
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$ \rangle$	NAME OF COMMITTEE (In Full) American Hospital Association PAC													
L	American Hospital Association FAC													
Α.	Full Name (Last, First, Middle Initial)										24449	93		
	Evan Bayh Committee						М	of D	isburs	eme	≀nt   /   ⊤	Y	Y	Υ
	Mailing Address 850 Ft Wayne Avenue						0 6			1 1	L	2	o ŏ 7	7
	City	State Zip Code					Amou	ınt o	f Each	า Dis	burser	ment	this I	Period
	Indianapolis	IN 46204							-			2	500.	00
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	Candidate Name				egory	/								
	Sen. Evan Bayh			Τ	ype									
	Office Sought: House Disburs	sement For: 2010 Primary X General					2010	Cor	ntribu	ition	ı			
	President	Other (specify)												
	State: IN District: 2													
В.	Full Name (Last, First, Middle Initial) Jesse Jackson Jr. For Congress										24450	06		
								M D	isburs	eme	int   /   Y	Y	Y	Υ
	Mailing Address P.O. Box 490286						0 6		1	1 1	L	2	0 ŏ 7	7
	City Chicago	State Zip Code IL 60649					Amou	ınt o	f Each	า Dis	burser	ment	this I	Period
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	Contribution			C	11									
	Candidate Name Rep. Jesse L. Jackson, Jr.				egory ype	7								
		sement For: 2008	ļ	-	ype									
		X Primary General					Contr	ibut	ion					
	President State: IL District: 2	Other (specify)												
_	State: IL District: 2  Full Name (Last, First, Middle Initial)						_				0445	4.0		
C.									<b>טו no</b> i isburs		·2445 <sup>-</sup> ent	10		
	Mailing Address 230 North Avenue						o <sup>M</sup> 6	М	/ D	1 1	/ Y	ž	o ŏ 7	7 <sup>Y</sup>
	Mailing Address 230 North Avenue						0 0					_		
	City Mt. Clemens	State Zip Code MI 48043					Amou	ınt o	f Each	า Dis	burser	ment	this I	Period
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	Candidate Name			_	11 egory	·/								
	Rep. Sander M. Levin				ype	,								
		sement For: 2008	•				Contr	ibut	ion					
	Senate President	X Primary General Other (specify) ▼												
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	y Information copied from such Reports and State											
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$ \rangle$	NAME OF COMMITTEE (In Full) American Hospital Association PAC											
$\angle$	American Hospital Association FAC											
Α.	Full Name (Last, First, Middle Initial)									24453	7	
Λ.	Hayes For Congress						_	isburs	emer	nt / V	V V	Y
	Mailing Address Post Office Box 2000					0 6		L	1 1		žoŏ	7
	City	State Zip Code				Amou	ınt o	f Each	n Disl	oursem	ent this	Period
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	Contribution			01	1			-		•		
	Candidate Name Rep. Robin C. Hayes			te Typ	gory/ oe							
	X	ement For: 2008 Primary General Other (specify)				Contr	ibu	ion				
_	Full Name (Last, First, Middle Initial)					_			4 4 6	24450	4	
В.	Diana Degette For Congress Inc.							isburs		24450 nt		V
	Mailing Address P.O. Box 61337					0 6	IVI		1 1	<u> </u>	žoŏ	7 '
	City Denver	State Zip Code CO 80206				Amou	ınt o	f Each	n Disl	oursem	ent this	
	Purpose of Disbursement Contribution			01		L.		•	-		1000	.00
	Candidate Name Rep. Diana DeGette			ite( Typ	gory/ oe							
	Senate President	ement For: 2008 Primary General Other (specify)				Contr	ribu	ion				
	State: CO District: 1											
C.	Full Name (Last, First, Middle Initial) Tim Murphy For Congress					Date	of D	isburs	emer	24454 nt	_	
	Mailing Address PO Box 24551					0 <sup>M</sup> 6	М	/ D	1 <b>1</b>	/ L	žoŏ	7
	City Pittsburgh	State Zip Code PA 15234				Amou	ınt o	f Each	n Disl	oursem	ent this	Period
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	Candidate Name Rep. Tim F. Murphy			ite Typ	gory/ oe							
	Senate President	ement For: 2008 Primary General Other (specify)				Contr	ribu	ion				
	State: PA District: 18								•		3500	00
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$\rangle$	NAME OF COMMITTEE (In Full) American Hospital Association PAC											
_	Full Name (Last, First, Middle Initial)					Trans	acti	ion ID:	: 142	44527		
Α.	Jo Bonner For Congress Committee							isburs	emen		V . V	V
	Mailing Address P.O. Box 851232					0 6	IVI	′ <u> </u>	1	′	žoŏ	7 '
	City Mobile	State Zip Code AL 36685				Amou	ınt o	f Each	Disb	urseme	nt this	Period
	Purpose of Disbursement			U	-	<u> </u>					1000.	00
	Contribution Candidate Name		-	_	11							
	Rep. Jo Bonner				egory/ ype							
	Office Sought:  X House Senate President  State: AL District: 1	xsement For: 2008 X Primary General Other (specify)	•			Contr	ibut	tion				
_	Full Name (Last, First, Middle Initial)			_		_			4.40	4.4500		
В.	Cathy McMorris For Congress					Date		ion ID: isburs				V
	Mailing Address Box 137					0 6	IVI		1	′ <u> </u>	žoŏ	7 '
	City Spokane	State Zip Code WA 99210				Amou	ınt o	f Each	Disb	urseme		
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	Candidate Name Rep. Cathy McMorris Rodgers				egory/ ype							
	Office Sought: X House Disbut Senate President	xsement For: 2008  X Primary General Other (specify)	<b>!</b>		<u>, , , , , , , , , , , , , , , , , , , </u>	Contr	ibut	tion				
	State: WA District: 5											
C.	Full Name (Last, First, Middle Initial) Texans For Henry Cuellar Congressiona	Campaign						i <b>on ID</b> : isburs		44528 t		
	Mailing Address 1519 Washington Stre 2nd Floor Suite 200	 et				0 <sup>M</sup> 6	М	/ <b>1</b>	1 1	/ Y	ž 0 ŏ 7	7 <sup>Y</sup>
	City Laredo	State Zip Code TX 78042				Amou	ınt o	f Each	Disb	urseme	nt this I	Period
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	Candidate Name Rep. Henry Cuellar				egory/ ype							
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$\vdash$	NAME OF COMMITTEE (In Full)											
$ \rangle$	American Hospital Association PAC											
Α.	Full Name (Last, First, Middle Initial) Matsui For Congress					Trans Date o				4517		
	Mailing Address PO Box 1738					0 <sup>M</sup> 6	M /	<sup>D</sup> 1	D /	Y Ž	0 ŏ 7	7 <sup>Y</sup>
	City Sacramento	State Zip Code CA 95812				Amou	nt of I	Each	Disbu	rsemen	t this f	Period
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	Candidate Name Rep. Doris Matsui			Categor Type	y/							
	Senate X President	ement For: 2008 Primary General Other (specify)	al			Contri	ibutio	n				
	State: CA District: 5 Full Name (Last, First, Middle Initial)					Trans	actic	n ID:	1494	1101		
B.	Progressive Choices PAC					Date o		burse	ment		Y _ Y _	Υ
	Mailing Address PO Box 58					0 6		1	1	2	0 ŏ 7	<u></u>
	City Evanston	State Zip Code IL 60204				Amou	nt of I	Each	Disbu	rsemen		
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	Office Sought: House Senate President State: District:	ement For:  Primary Genera  Other (specify)	al			2007	Cont	ributi	ion			
С.	Full Name (Last, First, Middle Initial) Heath Shuler For Congress					Trans Date of				4539		
	Mailing Address PO Box 97					0 <sup>M</sup> 6	M /	<sup>D</sup> 1	D /	Y Ž	0 ŏ 7	7 <sup>Y</sup>
	City Hazelwood	State Zip Code NC 28738				Amou	nt of I	Each	Disbu	rsemen		
	Purpose of Disbursement Contribution			011			_	•		1	1000.	00
	Candidate Name Mr. Joseph Shuler		C	Categor Type	у/							
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$ \rangle$	NAME OF COMMITTEE (In Full)												
L	American Hospital Association PAC												
Α.	Full Name (Last, First, Middle Initial)										44525	<u>,                                    </u>	
	Perlmutter For Congress						M	_	isburs	D		YY	Υ
	Mailing Address 3440 Youngfield St #264	4					0 6		1	1	L.	ž 0 ŏ	7
	City	State Zip Code					Amou	ınt o	f Each	Disk	ourseme	ent this	Period
	Wheat Ridge	CO 80033	1									1000.	00
	Purpose of Disbursement Contribution			0	11			-		-		1000.	.00
	Candidate Name		Ca	at	egory/								
	Mr. Edwin Perlmutter	sement For: 2008		T	ype								
	X	Reneral General					Contr	ibut	ion				
	President	Other (specify)											
	State: CO District: 7 Full Name (Last, First, Middle Initial)												
В.	Giffords For Congress								i <b>on ID</b> : isburs		244535 it	5	
							0 <sup>M</sup> 6	М	/ D	D 1	/ Y	ž 0 0	7 Y
	Mailing Address PO Box 27565						0 0			Ш		200	′
	City Tucson	State Zip Code AZ 85726					Amou	ınt o	f Each	n Disk	ourseme	ent this	Period
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	Contribution			0	11								
	Candidate Name Gabrielle Giffords				egory/ ype								
	Office Sought: X House Disburs	sement For: 2008	ļ		71		Contr	ihut	ion				
		Primary General					Conti	ibui	.1011				
	President State: AZ District: 8	Other (specify)											
_	Full Name (Last, First, Middle Initial)						Trans	acti	on ID:	: 142	244541		
C.	Nancy Boyda For Congress							_	isburs				_
	Mailing Address PO Box 1474						0 <sup>M</sup> 6	М	/ D 1	I 1	/   \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	ž 0 ŏ	7 <sup>Y</sup>
	City Topeka	State Zip Code KS 66612					Amou	ınt o	f Each	n Disk	ourseme	ent this	Period
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	Candidate Name		_	_	egory/								
	Nancy Boyda			T	ype								
	9 17	sement For: 2008  C Primary General					Contr	ibut	ion				
	President	Other (specify)											
_	State: KS District: 2												
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or for commercial purposes, other than using the n								
NAME OF COMMITTEE (In Full)								
American Hospital Association PAC								
Full Name (Last, First, Middle Initial)			Trans	saction II	D: 14244	536		
Joe Donnelly For Congress			Date	of Disbur		v v		V
Mailing Address P.O. Box 1961 Century Building			0 6		1 1 /	2	0 ŏ 7	
City South Bend	State Zip Code IN 46634		Amou	unt of Eac	h Disburs	emen	t this P	eriod
Purpose of Disbursement	10001		- L.			. 1	000.0	0
Contribution		011						
Candidate Name Rep. Joseph Donnelly		Category/ Type						
Office Sought:    X   House   Disbute     Senate   President     State: IN   District: 2	rsement For: 2008  X Primary General  Other (specify) ▼		Contr	ribution				
Full Name (Last, First, Middle Initial)			_					
Loebsack For Congress			Date	of Disbur				
Mailing Address 385 E. College St.			0 <sup>M</sup> 6	M / D	11 /	ž	0 ŏ 7	Y
City Iowa City	State Zip Code IA 52240		Amou	unt of Eac	h Disburs	emen	t this P	eriod
Purpose of Disbursement Contribution		011	] L.			1	0.000	0
Candidate Name Mr. David Loebsack		Category/ Type						
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Full Name (Last, First, Middle Initial)			Tuoni		D- 14044	400		
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Α.	Full Name (Last, First, Middle Initial)									62256			
	Serrano For Congress						of D	isburs			v v	Υ	
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В.	Full Name (Last, First, Middle Initial)							-		32250			
	Steve Israel For Congress Committee						of D	isburs			v · v	V	
	Mailing Address P.O. Box 777							1	<b>3</b> /		žoó	7	
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_	Full Name (Last, First, Middle Initial)						Trans	acti	on ID:	: 142	264261		
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American Hospital Association PAC						
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A. Rangel For Congress				isbursement	Y Y Y	Y
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American Hospital Association PAC										
Full Name (Last, First, Middle Initial)				Transa	action ID	: 14291	441			
Roskam For Congress Committee					f Disburs		v • v	V	V	
Mailing Address 423 W. Wesley Street				0 6		20 /	2	0 Ď 7		
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Candidate Name Mr. Peter Roskam		Category Type	/							
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State: IL District: 6  Full Name (Last, First, Middle Initial)						1 1001	10.1			—
3. Harry Mitchell For Congress					<b>action ID</b> f Disburs	: 142914 sement	434			
Mailing Address PO Box 23748				0 6	/ D	20 /	<sup>Y</sup> <sup>Y</sup> 2	0 ŏ 7	Υ	
,	State Zip Code AZ 85285			Amour	nt of Each	n Disburs				_
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Candidate Name Mr. Harry Mitchell		Category Type	/							
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National Republican Congressional Comm	ittee			Date of	f Disburs					
Mailing Address 320 First Street, SE				0 6	/ D	2 1 /	ž	0 ŏ 7	Y	
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Shelley Moore Capito For Congress				Disburse				
Mailing Address P.O. Box 11519			06	<sup>/</sup> <sup>D</sup> 2	1 / ٢	žoŏ	7 Y	
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State: WV District: 2								
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Reynolds For Congress			Date of	Disburse			V	
Mailing Address PO Box 15388 Pittsford			0 6	ر ا	1 / Y	žoŏ	7 '	
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Full Name (Last, First, Middle Initial)  Becerra For Congress				ction ID: Disburse	142914	69		
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Mailing Address P.O. Box 261060			0 6	2	1	žoŏ	7	
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Candidate Name Rep. Xavier Becerra		Category/ Type						
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	y Information copied from such Reports and Staten for commercial purposes, other than using the nam														IS	
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$ \rangle$	American Hospital Association PAC															
Α.	Full Name (Last, First, Middle Initial) Diana Degette For Congress Inc.							Trans Date		-	-	4291 nent	467			
	Mailing Address P.O. Box 61337							0 <sup>M</sup> 6	М	/	<sup>D</sup> 2 1	D /	Y	ž o ŏ ·	7 <sup>Y</sup>	
	City Denver	State CO	Zip Code 80206					Amou	ınt c	of Ea	ch D	isbur	semei	nt this	Perio	d
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	Candidate Name Rep. Diana DeGette			С	ate	egory/ vpe	1									
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В.	All America PAC							Date		isbu	irsen	4291 nent		V	Υ	
	Mailing Address 607 14th Street, NW Suite 800							0 6	IVI	Ĺ	ັ2 1		2	ž 0 ŏ	7	
	City Washington	State DC	Zip Code 20005					Amou	ınt c	f Ea	ch D	isbur		nt this		d
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	Mailing Address 100 West Lawrence Stre	et						0 <sup>M</sup> 6	М	/	<sup>D</sup> 2 1	D /	Y	ž o ŏ	7 <sup>Y</sup>	
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$\rangle$	American Hospital Association PAC														
Α.	Full Name (Last, First, Middle Initial) Ellen Tauscher For Congress							Trans Date					333		
	Mailing Address 20 Park Road, Suite E							0 <sup>M</sup> 6	М	/ [	2 6	/	Y	6 o ŏ	7 <sup>Y</sup>
	Suite E City	State	Zip Code					Amou	unt o	of Ea	ch D	isburs	semer	nt this I	Period
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	Candidate Name Rep. Ellen O. Tauscher			С	ate	egory/	1								
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В.	Full Name (Last, First, Middle Initial) Citizens To Elect Rick Larsen							Trans Date	of D	isbu	rsem	ent			
	Mailing Address PO Box 326							0 6	М	/ L	2 6		Y	2 o ŏ 7	7 <sup>Y</sup>
	City Everett	State WA	Zip Code 98206					Amou	unt o	f Ea	ch D	isburs		nt this I	
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	State: WA District: 2														
C.	Full Name (Last, First, Middle Initial) Congressman Waxman Campaign Comm	ittee						Trans Date	of D	isbu	rsem	ent			
	Mailing Address 6380 Wilshire Blvd. #16	12						0 <sup>M</sup> 6	М	/ L	2 6		Ý 2	2 o ŏ	7 <sup>Y</sup>
	City Los Angeles	State CA	Zip Code 90048					Amou	unt o	f Ea	ch D	isburs	semer	nt this I	Period
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$ \rangle$	American Hospital Association PAC														
Α.	Full Name (Last, First, Middle Initial) Gordon Smith for U.S. Senate							Trans Date		-	-		211		
	Mailing Address 5285 SW Meadows Roa	d, Suite 18	31					0 <sup>M</sup> 6	М	/	2 6	) / S	Y	ž 0 Ŏ	7 <sup>Y</sup>
	City Lake Oswego	State OR	Zip Code 97035					Amou	ınt o	of Ea	ch D	isburs	semer	nt this	Period
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	Mailing Address Post Office Box 1994							0 6		Ĺ	2 6		. 2	ž 0 ŏ	7
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	State: TN District: 8														
C.	Full Name (Last, First, Middle Initial) Lee Terry For Congress							Trans Date	of D	isbu	rsem	nent			
	Mailing Address P.O. Box 540098							0 6	М	/ [	26		Y 2	ž 0 Ŏ	7 <sup>Y</sup>
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Mailing	Address PO Box 1071				o <sup>™</sup> 6		2	6 /	Ž	0 0 7	T	
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	Address 830 NE Holladay Suite								^			
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S. Boswe	II For Congress						isburse					
Mailing	Address PO Box 6220				0 6	М	<sup>′</sup> 2	6 /	ž	0 ŏ 7	Υ	
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American Hospital Association PAC								
Full Name (Last, First, Middle Initial)						<b>D</b> : 143151	28	
Committee To Elect Gary Ackerman					of Disbur		Y Y Y	Υ
Mailing Address 100 Jericho Quadrangle Suite 233				0 <sup>M</sup> 6		26	žoŏ	7
	State Zip Code NY 11753			Amou	int of Ead	ch Disburs	ement this	Period
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Full Name (Last, First, Middle Initial)  Matheson For Congress				1	action I	<b>D:</b> 142775	506	
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,	State Zip Code UT 84152			Amou	int of Ead	ch Disburse	ement this	Period
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Mailing Address 818 Connecticut Ave.,NV Suite 1100	l			0 <sup>M</sup> 6	M / C	26	žoŏ	7 <sup>Y</sup>
,	State Zip Code DC 20006			Amou	int of Ead	ch Disburse	ement this	Period
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$ \rangle$	American Hospital Association PAC																			
Α.	Full Name (Last, First, Middle Initial) Ben Chandler For Congress							Trans Date		-	-		'514							
	Mailing Address P. O. Box 12678									$\begin{array}{c ccccccccccccccccccccccccccccccccccc$										
	City Levington	State KY	Zip Code 40508				Amount of Each Disbursement this Period													
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	Candidate Name Rep. Benjamin Chandler			С	ate	11 gory/ pe														
	Office Sought: X House Disburs	ement For: Primary Other (spe	2008 General			<u> </u>		Conti	ribu	tion										
_	State: KY District: 6 Full Name (Last, First, Middle Initial)							T.,			ID. 1	401	1040							
В.	Friends Of Jim Marshall							Trans Date		isbu	rsen	_		V V	Y					
	Mailing Address 586 Orange Street							0 6		Ĺ	2 6	5 ′	2	ž 0 ŏ	7					
	City Macon	State GA	Zip Code 31201					Amount of Each Disbursement this P								7				
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	Candidate Name Rep. Jim Marshall			С		egory/ vpe														
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— С.	State: GA District: 8  Full Name (Last, First, Middle Initial)  Friends Of John Barrow							Trans					3429							
	Mailing Address PO Box 8166							Date 0 <sup>M</sup> 6	M		2 6	_	Y	ž 0 ŏ	7 <sup>Y</sup>					
	City Savannah	State GA	Zip Code 31412					Amou	unt c	f Ea	ch D	isbur	semei	nt this	Period	_				
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American Hospital Association PAC									
Full Name (Last, First, Middle Initial)			Transac	tion ID: 143	13607				
Courtney For Congress				Disbursement			v		
Mailing Address 38 Risley Road			06	<sup>D</sup> 26	2	0 0 7			
City Vernon	State Zip Code CT 06066		Amount	of Each Disb	ursemen	t this Pe	eriod		
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Contribution		011							
Candidate Name Rep. Joseph Courtney		Category/ Type							
Senate X President	ement For: 2008 Primary General Other (specify)		Contribu	ution					
State: CT District: 2  Full Name (Last, First, Middle Initial)									
3. Gillibrand For Congress			Date of [	tion ID: 143 Disbursemen					
Mailing Address P.O. Box 1279			06	<sup>D</sup> 26	y y	0 0̈ 7	Y		
City Hudson	State Zip Code NY 12534		Amount	of Each Disb	ursemen	t this Pe	eriod		
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Candidate Name Kirsten Gillibrand		Category/ Type							
Senate X President	ement For: 2008 Primary General Other (specify)		Contribu	ıtion					
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Perlmutter For Congress			Date of [	tion ID: 143 Disbursemen					
Mailing Address 3440 Youngfield St #264	ı		06	26	Ž Ž	0 0 7	Y		
City Wheat Ridge	State Zip Code CO 80033		Amount	of Each Disb	ursemen	t this Pe	eriod		
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Candidate Name Mr. Edwin Perlmutter		Category/ Type							
	ement For: 2008 Primary General Other (specify)		Contribu	ution					
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American Hospital Association PAC																			
Full Name (Last, First, Middle Initial)  A. Giffords For Congress									: 143 <sup>-</sup> ement	14090									
Mailing Address PO Box 27565									0 6 M / D 2 6 Y Y Y 0 0 7 Y										
City Tucson	State AZ	Zip Code 85726				Amou	ınt of	Each	n Disbu	ırseme	nt this I	Period							
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B. Joe Donnelly For Congress						Date		sburs	ement		ž 0 0 7	Y							
Mailing Address P.O. Box 1961 Century Building						0 6			2 6										
City South Bend	State IN	Zip Code 46634				Amount of Each Disbursement this 1000.													
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Candidate Name Rep. Joseph Donnelly			ory/																
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Full Name (Last, First, Middle Initial)  C. McNerney For Congress						Date	of Dis	sburs	ement										
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	City Media	State Zip Code PA 19063	Amount of Each Disbursement this Period															
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	Mailing Address 3417 Fremont Ave N Suite 400						0 6		້ _ ້ 2	2 7	Ĺ	ž 0 ŏ	7
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_	Full Name (Last, First, Middle Initial)						Trans	ecti	on ID	. 1/13	315548		
В.	The Madison PAC						Date		isburs	emer			Y
	Mailing Address 235 STATE STREET #206						0 6	_	2	2 7	L	žoŏ	7
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C.	Stephanie Tubbs Jones For U.S. Congres	SS					Date		isburs	emer	31729! nt	_	. V
	Mailing Address 3729 Silsby Rd						0 <sup>M</sup> 6	IVI	້	2 8 2	Ĺ	žoŏ	7 '
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	Candidate Name Rep. Stephanie Tubbs Jones				egory/ ype								
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American Hospital Association Pa	AC						
Full Name (Last, First, Middle Initial)  A. John Salazar For Congress			Transaction ID: 14317096 Date of Disbursement				
Mailing Address P.O. Box 534			0 6 A 2 8 Y 2 0 0 7				
City Pueblo	State Zip Code CO 81002		Amount of Each Disbursement this Period				
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Candidate Name Rep. John T. Salazar		Category/ Type					
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B. Betty Sutton For Congress			Date of Disbursement				
Mailing Address 1700 W. Marke	St. #155		$\begin{array}{c ccccccccccccccccccccccccccccccccccc$				
City Akron	State Zip Code OH 44313		Amount of Each Disbursement this Period				
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